Introduction and background: Various changes of subepithelial vessels of the bronchial mucosa occur in some respiratory diseases. NBI is a new technology that improves the image contrast of the surface structure by adjusting the spectrum feature regarding the wavelength dependency of the light penetration depth into the tissue and the hemoglobin absorption. We have observed in sarcoidosis patients of subepithelial vessels using a narrow-band imaging of bronchoscope.

Methods: In consecutive sarcoidosis patients, the routine procedures, optical analysis of the main carina and the upper lobe carina were performed. From every site, vascular structures were found and these vessels were also observed in areas of cartilage. Vessels were found in some areas of cartilage and in areas of cartilage.

Results: A total of 16 sarcoidosis patients were analyzed. Increased numbers of angiogenesis or mucosal thickening was observed. In normal bronchial mucosa, decreased numbers of subepithelial vessels were observed.

Conclusion: High magnification view with NBI revealed a clear fine subepithelial microvessel network that could be seen hardly with the ordinary filter. This combination seemed to be useful for study of the relationship of subepithelial vessels and pathogenesis of sarcoidosis.

P3571

In vivo visualization of endobronchial tumor cells using an endocytoscopy system

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Background: Endocytoscopy system (prototype, BF-Y0005, Olympus Medical Systems Co., Tokyo, Japan) is a bronchovideoscope visualizing at a high magnification of 450 times on a 14-inch video monitor. Cellular structures can be visualized in real-time during bronchoscopy.

Objectives: To evaluate the diagnostic utility of endocytoscopy on endobronchial tumors.

Methods: Between July 2009 and April 2011, 19 cases with endobronchial tumor lesions were selected from all cases of bronchoscopy. Twelve cases with no abnormality on bronchoscopy were selected as control. After conventional bronchoscopy, abnormal areas of interest were stained with 0.25% methylene blue and examined with endobronchoscopy system. The endoscopy images of abnormal areas and normal bronchial mucosa were analyzed and compared with the corresponding pathologic pattern.

Results: We could visualize endobronchial epithelial cells with methylene blue staining. In tumor cells, especially, squamous cell carcinoma, large and polymorphic tumor cells were observed with increased cellular density. In normal bronchial mucosa, columnar epithelial cells were visualized.

Conclusion: Endocytoscopy has the potential to provide pathologic diagnosis during bronchoscopy.

P3572

Follow-up using fluorescence bronchoscopy for the patients with photodynamic therapy treated early lung cancer

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Purpose: To evaluate the accuracy of fluorescence bronchoscopy by precise histological analysis of the photodynamic therapy (PDT) treated lesions.

Methods: A retrospective study was conducted on thirteen patients (16 lesions) with centrally located early lung cancer (CLELC) who had undergone photodynamic therapy and had been followed up by fluorescence bronchoscopy. Fluorescence bronchoscopy was performed between 1 and 60 months after photodynamic therapy.

Results: Of the 16 early carcinomas treated, 14 (87.5%) had a CR, 2 (12.5%) had a NR after initial PDT. Among the 14 carcinomas achieving a CR, 4 (29%) recurred locally from 6 to 12 months after initial PDT. A total of 62 surveillance auto fluorescence bronchoscopy (average, 4.5/patient) and 47 biopsies (average, 4/patient) were performed after PDT. The addition of the SAFE - 3000 examination to conventional bronchoscopy increased the sensitivity of screening from 69% to 100%, which yielded a relative sensitivity of 145% with a negative predictive value of 100%.

Conclusion: Our results confirm that SAFE - 3000 allows accurate assessment of the quality and efficacy of PDT.

P3573

Relation between vascular patterns visualized by narrow band imaging (NBI) videobronchoscopy and histological type of lung cancer

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Introduction: Narrow Band Imaging (NBI) videobronchoscopy is a new technique for visualization of bronchial mucosa. It has been shown to be efficient in lung cancer detection. The primary aim of this study was to evaluate relation between vascular patterns visualized by NBI as described by Shibuya and histology of lung cancer.

Patients and methods: The study included 65 patients with suspected lung cancer scheduled for bronchoscopy. After identification of endoscopically visible tumor NBI was used to determine predominant type of pathological vascular pattern (dotted, tortuous, abrupt-ending blood vessels – Shibuya descriptors). Pearson’s chi-square test was used to test statistical significance between vascular pattern and histological type of cancer.

Results: Lung cancer was confirmed in all patients.63% was diagnosed with squamous cell lung cancer (SCLC),24.6% had adenocarcinoma,9.2% had small cell (SCLC) and 3.1% large cell lung cancers (LC). Dotted blood vessels were significantly(p<0.000) associated with adenocarcinoma, identified in 68.4% adenocarcinoma and 31.6%SCLC. Tortuous blood vessels were identified in 72% SCC,8% adenocarcinoma,12%SCLC and 8% of LC. Tortuous blood vessels were significantly(p<0.000) associated with SCC. Abrupt ending vessels were identified in 81% SCC, 14.3% SCLC and 4.8% adenocarcinoma, this type of blood vessels was also significantly associated(p<0.000) with SCC.

Conclusion: Dotted visual pattern of blood vessels identified during NBI videobronchoscopy is highly suggesting adenocarcinoma histology of lung cancer, while tortuous and abrupt ending blood vessels significantly suggest squamous cell histology of lung cancer.

P3574

Safety profile, efficacy and patient comfort with propofol sedation in outpatient fiberoptic bronchoscopy

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Introduction: Procedural sedation is suggested in outpatient bronchoscopy to ensure patient comfort, safety and compliance. We aimed to assess the safety profile, efficacy and patient comfort with propofol sedation in outpatient fiberoptic bronchoscopy.

Results: A total of 100 patients were enrolled in the study. Mean age was 63 years and mean body mass index was 27 kg/m2. The procedures included diagnostic bronchoscopy in 70 patients and bronchial biopsy in 30 patients. The mean time of procedure was 12 minutes. There were no serious adverse events. Patients reported low level of anxiety and discomfort during the procedure. The majority of patients (96%) expressed satisfaction with the procedure. The mean patient sedation score was 2.8 on a scale of 1-5.

Conclusion: Propofol sedation is safe, effective and provides patient comfort in outpatient fiberoptic bronchoscopy.

P3575

385. The broad spectrum of diagnostic bronchoscopy

P3570

Endoscopic narrow-band imaging-quantitative assessment of airway vascularity of sarcoidosis

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Introduction and background: Various changes of subepithelial vessels of the bronchial mucosa occur in some respiratory diseases. NBI is a new technology that improves the image contrast of the surface structure by adjusting the spectrum feature regarding the wavelength dependency of the light penetration depth into the tissue and the hemoglobin absorption. We have observed in sarcoidosis patients of subepithelial vessels using a narrow-band imaging of bronchofiberscope.

Aims and objectives: It was our aim to investigate the ability of narrow-band imaging in combination with computerized image analysis to quantitatively assess airway vascularity in sarcoidosis patients.

Methods: A total of 16 sarcoidosis patients were analyzed. Increased numbers of angiogenesis or mucosal thickening was observed. In normal bronchial mucosa, decreased numbers of subepithelial vessels were observed.

Results: A total of 16 sarcoidosis patients were analyzed. Increased numbers of angiogenesis or mucosal thickening was observed. In normal bronchial mucosa, decreased numbers of subepithelial vessels were observed.

Conclusion: High magnification view with NBI revealed a clear fine subepithelial microvessel network that could be seen hardly with the ordinary filter. This combination seemed to be useful for study of the relationship of subepithelial vessels and pathogenesis of sarcoidosis.
improve tolerance & patient satisfaction. Propofol, a short acting intravenous hypnotic, offers advantages over benzodiazepines/opiates.

Objectives: We analyzed the feasibility, efficacy & safety profile of propofol administration for outpatient bronchoscopy.

Methods: A total of 276 flexible bronchoscopies performed between 2009 & 2011 using propofol sedation only without premedication were retrospectively reviewed. Patient demographics, indications, type of procedure, procedure time, medication doses, comfort level on 10cm verbal analogue scale (VAS, 0-10, 0=excellent, 10=unbearable) & adverse events were analyzed from procedure records.

Results: Of the 276 patients were male with an average age of 56 years (range 18-92) & an average weight of 73 kg. Indications included diagnostic BAL (127, 46%), TBLB (68, 25%), TBNA (41, 15%) & EBB (22,8%). Average procedure time was 36 minutes (range 12-145). Average propofol dose was 1.86 mg.kg⁻¹ (range 0.12-20 mg.kg⁻¹). Minor adverse events (21, 7.4%) included hypotension (19, 7%), transitory hypoxia (8, 3%) & tachycardia (5, 2%). Major adverse events (death, intubation, ICU stay, or hospitalization) occurred in 7 (2.5%), of which 3 (1%) were attributed to sedation, 2 (0.7%) to hemoptysis, & 1 each to hypoxia & bronchospasm. There were no procedure-related deaths. A majority (196, 71%) reported VAS of 4-6 with good amnesia, while 56 (20%) had VAS of 6-8 & had VAS <3.

Conclusions: Propofol is an easy to administer, safe, & effective procedural sedative for outpatient bronchoscopies providing acceptable comfort.

P3575 Lidocone administration to the laryngopharynx for inducing anesthesia before bronchoscopy: A comparative study of Jackson’s spray method and ultrasonic nebulization

Ken-ichi Takahashi1, Emiko Yamakawa2, Kouki Tsugi2, Yukiko Kaneko3, Yuko Hamakawa4, Toshio Chiyotani5, Emi Morakami6, Taeko Kameyama7, Kazuki Shima1, Yoko Hamakawa1, Shohei Kaneda1.

Methods: To compare the degrees of pain experienced by patients and additional adverse events were analyzed from procedure records.

Results: Two-thirds (182, 66%) of the patients were male with an average age of 56 years (range 18-92) enrolled. 31 received only M (mean 2.74 mg M & 0.033 mg F). Non-inferiority trial was given 2% lidocaine 10 mL by using ultrasonic nebulizer. The degrees of pain between the 2 groups. However, the rates of lidocaine use in group B were significantly lower (Bolus group 219 vs. 211 Infusion group, p = 0.810). There were complications in 8 (1.1%) cases (6 major bleedings, 2 intubations). There was no death. As compared to the Bolus group, the amount of propofol required was significantly higher in the infusion group (226±147 versus 308±204.8 mg, p < 0.0001).

Conclusion: In laryngopharyngeal anesthesia before bronchoscopy, the Jackson’s spray method is associated with lower lidocaine use and less pain than the ultrasonic nebulization.

P3576 Incremental midazolam versus midazolam/rentalyn sedation during flexible bronchoscopy. Safety and tolerance in relation to the complexity of intervention

Griepisz Stratos, Ioannis Kokkonouzis, Penny Moraitaki, Philip Emmannouil, Nikos Koulos, Evangelia Stoubi, Dimitra Tsibouria, Dimitra Tsibouria.

Methods: Patients who were given laryngopharyngeal anesthesia before bronchoscopy were divided into 2 groups of patients: group A, which was given 4% lidocone 5 mL by using Jackson’s spray, and group B, which was given 2% lidocone 10 mL by using an ultrasonic nebulizer. The degrees of pain on a visual analogue scale (VAS, 0-10, 0=excellent, 10=unbearable) & adverse events were analyzed from procedure records.

Results: There were no significant differences in examination times, amounts of lidocaine administered during bronchoscopy, and degrees of pain between the groups. However, the rates of lidocone use in group B were significantly lower than those in group A (0.55±0.3 mL/min versus 0.38±0.2 mL/min; p = 0.03). An analysis based on patient age and smoking history showed that the rate of lidocone use in group B was significantly high in elderly persons (less than 70 years of age) and smokers (p = 0.05).

Conclusion: In laryngopharyngeal anesthesia before bronchoscopy, the Jackson’s spray method is associated with lower lidocaine use and less pain than the ultrasonic nebulization.

P3577 Propofol sedation for flexible bronchoscopy: A large randomized, controlled, non-inferiority trial

Peter Grendelmeier, Eric Pflimlin, Michael Tamm, Dauila Zolta.

Methods: 702 consecutive patients undergoing flexible bronchoscopy were randomly allocated to receive intravenous propofol using either a continuous infusion or an intermittent bolus technique. The primary endpoint was the number of any adverse event (SO2 < 90%, need for oro- or nasopharyngeal airway insertion; systolic BP < 90 mmHg, minor or major bleeding, pneumothorax, need to abort bronchoscopy, ICU, intubation or death) assessed by the end of FB and at 24 hours.

Results: The number of any adverse event was similar in both randomized groups (Bolus group 219 vs. Infusion group; p = 0.810). There were complications in 8 (1.1%) cases (6 major bleedings, 2 intubations). There was no death. As compared to the Bolus group, the amount of propofol required was significantly higher in the infusion group (226±147 versus 308±204.8 mg, p < 0.0001).

Conclusion: Although propofol continuous infusion is as safe and feasible as bolus administration, it is associated with higher propofol requirements and a longer duration of the bronchoscopy.

P3578 Bronchology in the Czech Republic – National surveys during last decades

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Methods: Czech bronchology has a long tradition and its activities have been monitored for many years. Statistical analysis based on questionnaires was realised in 1977 (Hlobil), 1994 (Marel), 1996, 1999,2003 (Kolek). Increasing trends of total numbers of endoscopies, bronchoscopies and especially interventional bronchological procedures were verified in these surveys. Similar questionnaire was sent electronically and via post to all Czech bronchological centres in 2009. Personal and telephone contacts were used to accelerate an adequate response, too. Questions dealt with numbers of bronchoscopists, types of bronchoscopes, diagnostic methods, interventional techniques and system of work. Results were compared with earlier surveys mentioned above.

In 2009 there were 59 active bronchological centres, which performed 33. 282 bronchoscopies. Out of them 1.637 (4.9%) were done by rigid bronchoscope, 258 were done in children. General anaesthesia was used in 2194, fiberoptic in 1238 mentioned procedures. Additionally 182 bronchoscopists worked with 182 flexible and 87 rigid bronchoscopes, 29 videocameras and 81 videobronchoscopes. Out of all procedures, 544 EBUS, 1724 AFO,1041 NBI and 46 EMN investigations were performed. Doctors performed 1235 laser resections, 246 electrocoagulation, 121 stent insertions, 78 afterloadings, 5 plasmacoagulations, 3 cryotheerapies and 1 first endobronchial valves insertions.

During last decades, the quantity of bronchological procedures (especially theraeutical and new sophisticated diagnostic methods) is increasing, vice versa the number of bronchological centres is decreasing.

P3579 Bronchoscopic practice in Japan

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Methods: A questionnaire survey was conducted over the course of 1 year (2010). A questionnaire was mailed to 538 facilities authorized by the Society.

Results: Responses were obtained from 511 facilities (95.0%). Rigid bronchoscopes were used in only 18.5% of the facilities, while mobile/thin bronchoscopes
were used in ≥50%, and fluoroscopy systems were used in 99.8%. Biopsies were performed after discontinuation of therapy in patients receiving antiplatelet drugs and anticoagulants in 96.7% and 97.4% of the facilities, respectively. Atroline was administered for premedication in 67.5% of the facilities, a decrease from previous surveys. Intravenous sedation was given in 36.1% of the facilities. In 21.9% of these, the procedure was conducted in the outpatient clinic for ≥70% of patients. A bronchoscope was orally inserted in ≥70% of patients in 95.7% of the facilities. Intravenous access was maintained during the examination in 92.5% of the facilities, oxygen saturation was monitored during examinations in 99.0%, oxygen was administered in 97.6%, and resuscitation equipment was available in 96.5%. In 98.6% of the facilities, bronchoscopes were disinfected using an automatic washing machine, but glutaraldehyde was used in 42.2%.

Conclusions: Japan-specific characteristics in bronchoscopic practice were identified. Whether procedures used in Japan meet international guidelines with respect to safety should be monitored continuously. In addition, a Japanese evidence-based consensus is needed.

P3580
The ratio of HBsAg, anti-HCV and anti-HIV positivity in patients indicated for fiberoptic bronchoscopy before the procedure

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Introduction: Performing fiberoptic bronchoscopy has many risks for the bronchoscopist personnel. May be the most important risk is the transmission of tuberculosis bacilli from the patient to the bronchoscopy personnel. In addition, transmission of blood-borne viruses such as hepatitis B, HCV and HIV might be the other important risk for the bronchoscopy personnel particularly for the bronchoscopist. Splash of bronchial secretions to conjunctiva might be considered as the main route of transmission. Non-intact skin exposure might be the second route.

Aim: The aim this study was to investigate the ratio of the patients having positive results for blood-borne viruses undergoing bronchoscopy before the procedure.

Methods: We retrospectively searched the medical files of the patients undergoing bronchoscopy procedure between May 2011 and January 2012. Results: There were 183 patients with a bronchoscopy indication. Mean age was 55.1 ± 17.4 years. 123 patients had HBsAg, anti-HCV and anti-HIV test results. HBsAg was positive in five patients (4%). Anti-HCV and anti-HIV test results of all the patients were negative.

Discussion: In our country, different results for HBsAg positivity, between 2%-10%, were reported in different studies. Our results are similar the results of these studies. A ratio of 4% HBsAg positivity should not be seen as a small ratio. Absence of anti-HCV and anti-HIV positivity might be attributed to the small number of study group.

Conclusion: This study suggests that bronchoscopic personnel are under the risk of hepatitis B transmission. Large studies are needed to indicate the transmission risk of blood-borne viruses for the bronchoscopy personnel.

P3581
Verucous carcinoma of the tracheobronchial tree – An underdiagnosed entity?

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Verucous carcinomas are described as rare squamous cell carcinomas of the oropharynx, larynx and esophagus but surprisingly not in the tracheobronchial tree.

We describe the case of a 74 years old man admitted to our hospital for increasing shortness of breath and the diagnosis of COPD exacerbation. As patient didn’t improve despite antibiotic treatment bronchoscopy was performed and showed a warty polyloid circumferential mass in the distal trachea reducing the cross sectional area by ≥70%.

Histologic work up showed a highly differentiated squamous cell carcinoma with a warty polypoid circumferential mass in the distal trachea reducing the cross sectional area by 65%, but without bronchial wall infiltration around the tumor.

1. We performed rigid bronchoscopy and "Jet" ventilation with snare electroressec-
tion of tumor in three stages. Histopathological examination of a biopsy specimens - non-small carcinoma.

2. Radical left pneumonectomy with mediastinal lymphadenectomy and intraperi-
cardial approach of vessels is involved. Microscopically: White multinodular tumor, 14/100cm size, with large foci of necrosis. Microscopically: Malignant hemangiopericytoma.

Discussion: Diagnosis of hemangiopericytoma was established after left pneu-

P3582
Hemangiopericytoma – An extremely rare bronchial tumour, a difficult diagnosis

Rosandra Ulmeanu, Ramona Nedelecu, Dalia Manolache, Raluca Matea, Dan Ioan Ulmeanu, Andrada Florian, Radu Stoica, Oana Deleanu, Doina Boiculescu, Florin Mihaihă. Bronchology, INP Marius Nasta, Bucharest, Romania Pneumology, INP Marius Nasta, Bucharest, Romania Surgery, INP Marius Nasta, Bucharest, Romania Pneumology, INP Marius Nasta, Bucharest, Romania Pneumology, INP Marius Nasta, Bucharest, Romania Pneumology, INP Marius Nasta, Bucharest, Romania Pneumology, INP Marius Nasta, Bucharest, Romania Pneumology, INP Marius Nasta, Bucharest, Romania Pneumology, INP Marius Nasta, Bucharest, Romania Pneumology, INP Marius Nasta, Bucharest, Romania Pneumology, INP Marius Nasta, Bucharest, Romania Pneumology, INP Marius Nasta, Bucharest, Romania Pneumology, INP Marius Nasta, Bucharest, Romania

Background: Hemangiopericytoma is a rare mesenchymal tumor originating from the capillary pericytes (about 1% of vascular tumors). Its primary localization in the lung is extremely rare.

Case presentation: A 52-year-old man, smoker (60PY), is diagnosed two months ago by bronchoscopy and chest CT scan-with the main left bronchus tumor with subsequent negative biopsies. He was admitted to our hospital for reconsidera-
tion and clarification endoscopic diagnosis. "Enceloidal" endoscopic tumor that stenosis left main bronchus from the beginning by 65%, but without bronchial wall infiltration around the tumor.

1. We performed rigid bronchoscopy and "Jet" ventilation with snare electroressec-
tion of tumor in three stages. Histopathological examination of a biopsy specimen - non-small carcinoma.

P3583
Pulmonary-alveolar microthblnosis (PAM) as a rare differential diagnosis of diffuse lung diseases diagnosed by transbronchial cryobiopsy

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PAM is a rare pulmonary disease of unknown origin. Microscopically, it is characterized by diffuse alveolar calcification. Chest x-ray usually presents a "sandsnort" image. Diffuse lung diseases are typically diagnosed by computed tomographic imaging; histological validation is won by surgical lung biopsy. Current studies show a more important role of transbronchial cryobiopsy for histological diagnosis.

Case report: A 26-year-old male presented with dyspnea. The radiographic images (chest x-ray, computed tomography) showed interstitial pulmonary changes without PAM-typical signs. Blood gas analysis, blood test results and pulmonary function did not show abnormalities. For further evaluation we performed bronchoscopy with transbronchial cryo- and forceps biopsy.

Methods: Cryoprobe and forceps were introduced into the left lower lobe under radiological guidance; the cryoprobe was cooled for five seconds and then retracted with the frozen lung tissue. The specimen were rated by two experienced lung pathologists.

Results: Histologically the forceps biopsy showed only few hints for PAM, whereas in the cryobiopsy a pulmonary-alveolar microthblnosis could be proven due to big amount of alveolar tissue with concentric calcification. In respect to untypical radiographical signs this was determining. Conclusion: There is a huge variety of diffuse lung diseases. The diagnosis of PAM was surprising because the radiographic images showed an untypical morphology. The histological diagnosis of PAM was proven by transbronchial cryobiopsy. This shows the potential impact of transbronchial cryobiopsy in different entities of interstitial lung disease.

P3584
Management of video capsule bronchial aspiration

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A 74-year-old patient with of occult gastrointestinal bleeding was referred for a small bowel exploration using video capsule endoscopy. Medical history revealed...
left hemiparesis and swallowing disorders as sequelae of stroke. A video capsule endoscopy was scheduled after the advice of the ENT specialist. Within minutes after the capsule ingestion, the patient developed a typical choking episode. Real-time visualization of the video-endoscopic “bronchial tree” images by the gastroenterologist quickly assisted by the pulmonologist enabled locating the capsule at the level of the main carina/left main bronchus. Immediate bronchoscopy under general anesthesia allowed the pulmonologist to gently catch the video capsule and to readily place it within the gastro-intestinal tract (stomach). Small bowel exploration could then be performed “as scheduled” and revealed duodenal and jejunal angiomas as the source of the bleeding. Pictures as well as short video sequences of the choking episode and of the gastro-intestinal placement of the capsule with the bronchoscope are presented. Based on this experience and on the literature (about 9 reported cases of tracheobronchial video capsule aspiration) two recommendation can be made

1. Caution should be taken in patients with swallowing disorders 2. Immediate tracking by of the capsule initial path is recommended

The present case also shows that a combined approach (gastroenterologist + pulmonologist) permits to replace the video capsule in the right way during the same procedure.

P3589
Endoscopic resection of airway benign tumors by argon plasma coagulation
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Benign airway tumors with central airway obstruction require immediate intervention for symptoms relief. Argon Plasma Coagulation (APC) is a cheap tool readily available in hospitals. Four patients presented for obstructing tracheal or bronchial tumor (2008 to 2011). Initial investigations included fiberoptic bronchoscopy and CT imaging of the chest. Argon plasma was set to 35 Watt and delivered in non-contact fashion through a large fiber during rigid bronchoscopy. Initially tumor coagulation was done followed by mechanical resection and finally APC was applied to tumor base. Patients were discharged next day and followed clinically by CT imaging and bronchoscopy. All patients were reevaluated one year after ablation to eliminate recurrence.

Case1: 24 years old female presented for uncontrolled asthma. Endoscopic resection with APC revealed tracheal schwannoma.
Case2: 55 years old female, 6 month pregnant, intubated for respiratory failure due to obstructive tracheal tumor. Endoscopic resection yielded low-grade muco-epidermoid carcinoma of the trachea.
Case3: 60 years old male, smoker, with concomitant sarcotomatous carcinoma of the kidney presents for dyspnea, persistent cough and obstructive lesion of the right main bronchus. Ablation by rigid bronchoscopy and APC unraveled bronchial hamartoma.
Case4: 57 years old male, smoker, presents for persistent cough. Rigid bronchoscopy and APC resection of right bronchial obstruction uncovered a hamartoma. APC is an effective and efficient tool to use during resection of benign bronchial tumors, it’s safe to use in pregnant patient and provides immediate airway relief. Schwannoma, hamartoma and low-grade muco-epidermoid tumors can be treated with this modality.

P3588
An unusual approach to manage a bronchopleural fistula following carinal pneumonectomy
Samir Naik, Brendan Madden, Robin Kanagasby. Cardiothoracic Medicine, St. Georges Hospital, London, United Kingdom

A 52-year-old lady was referred with a T4N0M0 lung adenocarcinoma in the right main bronchus with protrusion into the trachea. She was an exsmoker with COPD and hypothyroidism. She had a right carinal pneumonectomy with anastomosis of left main bronchus on to the trachea. Post discharge she was readmitted with dyspnoea three weeks later. Her post pneumonectomy space was abnormally enlarged which was managed successfully with intercostal tube drainage.
Six weeks later she represented with dyspnoea and sepisis which did not respond to antibiotics. She had a thoracotomy and bronchoscopy which showed a bronchial fistula. Another thoracotomy was performed and a left pneumonectomy was done. The post pneumonectomy space was then managed with a drain and antibiotics. She then had a rigid bronchoscopy and bronchoscopy which showed a bronchial stenosis. Further surgery was not considered appropriate. She then had a rigid bronchoscopy and a 4cm X 16 mm covered stent deployment to cover the defect. A day later she still had an air leak. Chest X-ray four days later showed that the stent had migrated upwards. She had replacement of the stent with a larger 4cm X 18 mm device. Following day, the air leak stopped completely. Her follow up chest x-ray three months later has been stable with no recurrence of BPF.
This case illustrates the management difficulties of BPF complicating high bronchial stenosis. Placement of large stent could have jeopardised the integrity of the airway anastomosis. The first stent migrated because it was preferentially sized with respect to the bronchial diameter. When a larger stent was inserted adequate closure ensued without airway anastomotic dehiscence. Although surgical treatment of BPF is gold standard carefully selected patients may benefit from endobronchial closure.

P3587
A case of primary tracheal B cell lymphoma leading to obstruction of central airway
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Primary malignant tumors of the trachea are rare, and they follow up such as asthma, chronic obstructive pulmonary disease incorrect diagnoses. Tracheal tumors are rare and the incidence less than 0.01% and the majority of squamous cell carcinoma. Very few cases of primary lymphoma of the trachea have been reported so far. 72 years old male patient admitted to our clinic with complaints of shortness of breath, bronchoscopy showed a mass obstructing the tracheal lumen of the almost complete.

Dioxide laser and coring was performed for emergency desobstruction.

P3586
Foreign body aspiration by a 31 years old female patient, mimics diaphragmatic hernia
Styliani Sarantoulaki, Maria Mouzouraki, Emmanouil Ntaoukakis. Pulmonary Unit, General Hospital of Chania, Crete, Greece

Introduction: We present a case of food aspiration by a 31 years old female patient, masquerading as diaphragmatic hernia.
Aims and objectives: Our aim is to show that food aspiration is a life threatening condition and it can easily escape detection.
Methods: A 31 years old female presented at the emergency department with shortness of breath. Her past history was unremarkable. The chest X-ray demonstrated total collapse of the left lung and herniation of the stomach and large intestine into the left pleural cavity. Chest CT- scan demonstrated the presence of stomach and large bowel in the left chest suggesting a posterolateral diaphragmatic hernia. The patient was subjected to an posterolateral thoracotomy. To our surprise there was only local eventration of the left hemidiaphragm. Atelectasis of the left lung persisted despite ventilation with high pressures. The patient subjected to anastomotic dehiscence. The doctors must be suspicious about this condition even in young healthy patients and bronchoscopy must be used as diagnosing and therapeutic step before the patient subject a thoracotomy.
and realistic effect for all interventional procedures. Furthermore the possibility of managing the bleeding situation with e.g. balloon catheter, tamponade, APC Beamer and stenting could be trained.

<table>
<thead>
<tr>
<th>RIB- Simulator</th>
<th>Training on live pigs</th>
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<td>Repeatability massive hemorrhage (A)</td>
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<td>In every room (A)</td>
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<td>Uninfectious artificial blood (A)</td>
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<tr>
<td>Adaptable tracheal length (A)</td>
<td>Limited use of rigid tools (long trachea) (D)</td>
</tr>
<tr>
<td>Exchangeable lungs, pediatric model (A)</td>
<td>&quot;Life atmosphere&quot;(A) General anesthesia (D)</td>
</tr>
<tr>
<td>Low costs (A)</td>
<td>no vet (A)</td>
</tr>
</tbody>
</table>

Advantage = (A), Disadvantage (D).

Conclusions: The RIB-Simulator will restore the training on live pigs in future and will be helpful to develop algorithms for all interventional procedures especially connected to the handling of bleedings.