

1B: The Bronchoscopy Report



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Bronchoscopy reports

- The following slides serve as a guideline to what should be included in a report.
- More, but usually NOT less information may be warranted depending on the bronchoscopist and the bronchoscopist's place of practice.

Bronchoscopy reports

The bronchoscopy report should tell a story that everyone can read and understand the same way.

Morphology: Caliber, patency, shape, normal variants.

Appearance: Normal, abnormal

Mucosa: Color, texture, fragility.

Abnormalities: Location, type, extent, associated lesions.

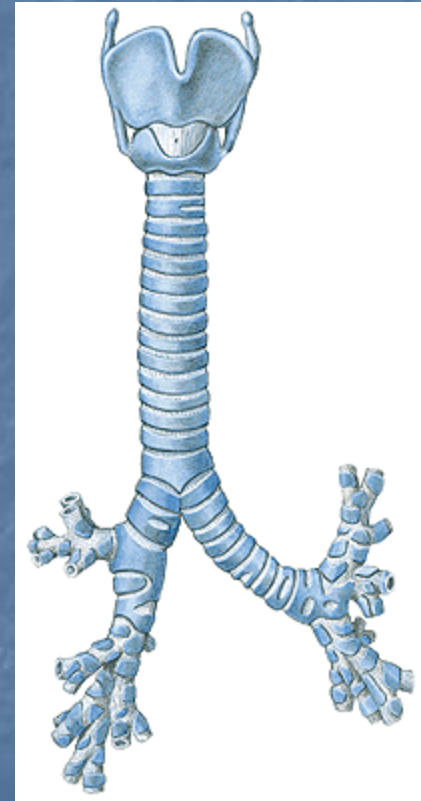
Secretions: Amount, type, color, location.

Topics for Lesson 2

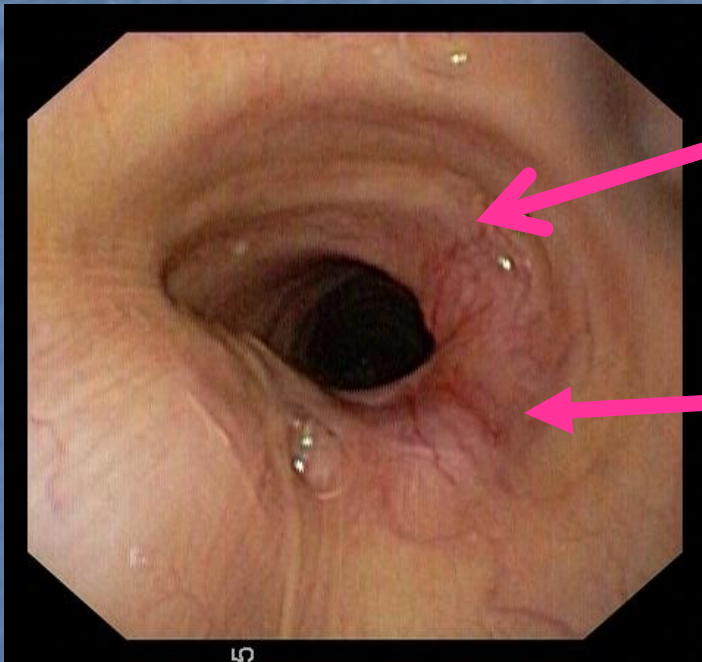
- Description of airway lesions
 - Location
 - Type, Morphology
 - Severity

Location of airway lesion

- Distance from vocal cords
- Distance from carina
- Total length
- Diameter of abnormality
- Severity of obstruction



Example of a tracheal tumor with associated stenosis



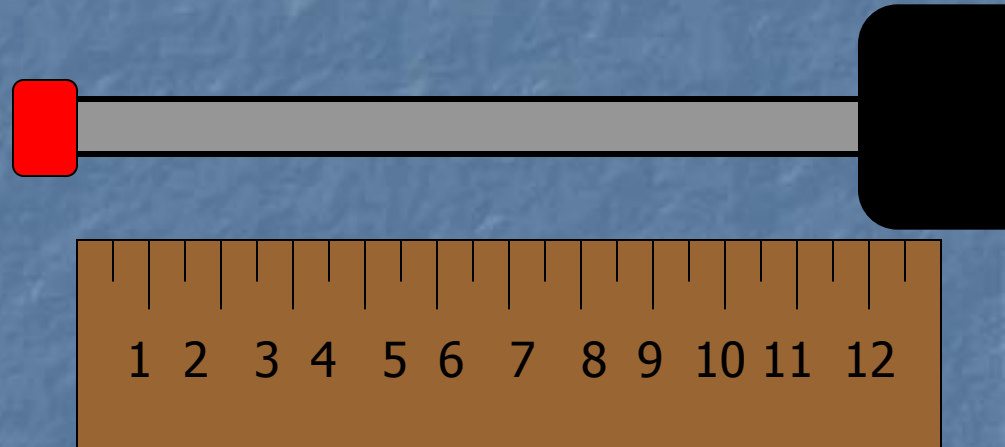
Circumferential narrowing and partial collapse of right tracheal wall associated with Tracheal tumor*

*This is an Adenoid cystic carcinoma

Measuring an abnormality

First we measure the distance from the inferior aspect of vocal cords to the abnormality.

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3.0 cm

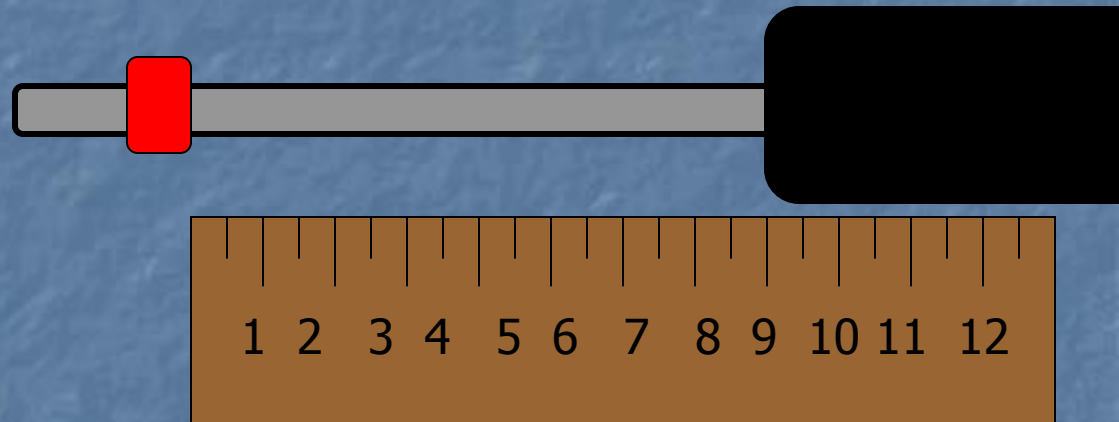
Click to continue



Measuring an abnormality

Next we measure the length of the abnormality itself

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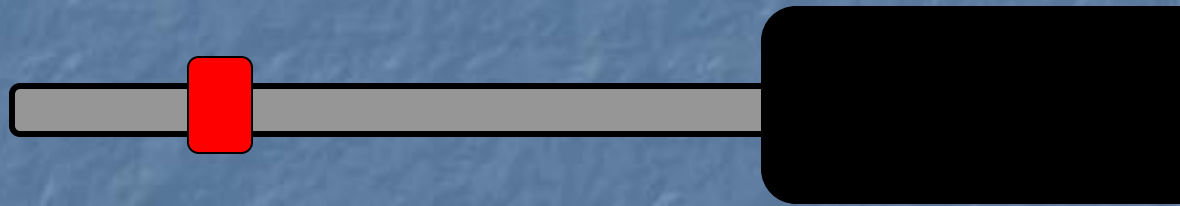
1.5 cm

Click to continue

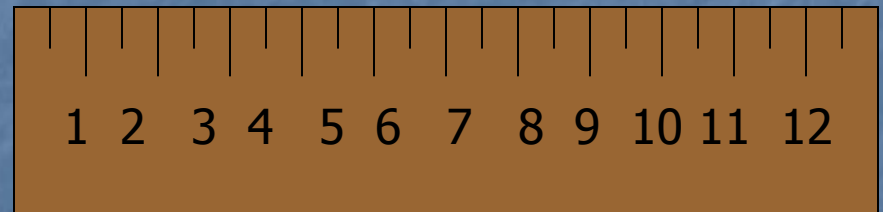


Measuring an abnormality

Finally, we measure the distance from the distal extremity of the abnormality to the carina



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8.0 cm

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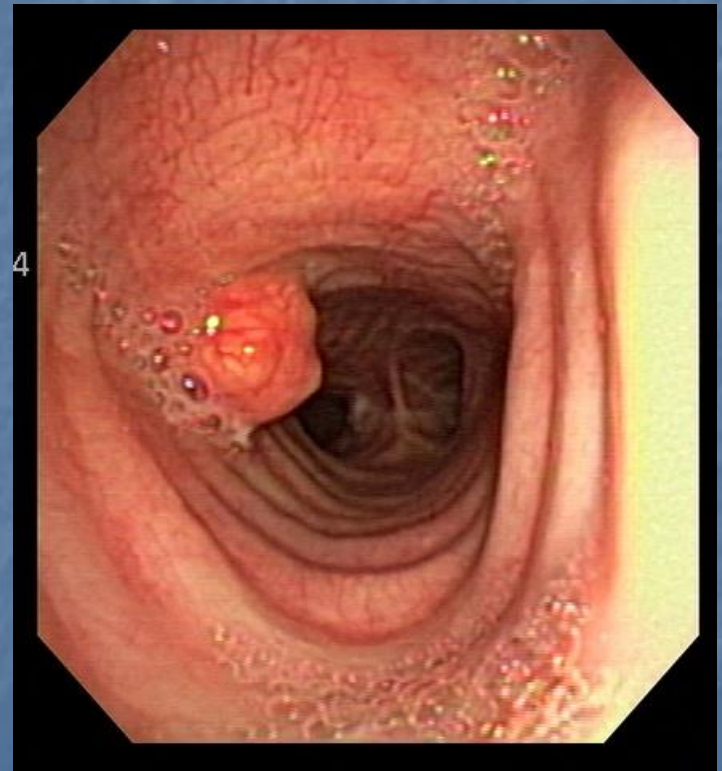
Type of abnormality (Morphology)

- Type
 - Intraluminal, exophytic
 - Intraluminal, infiltrative
 - Intraluminal, granulation
 - Extrinsic compression
 - Fibrotic stricture
 - Malacia
 - Dynamic collapse

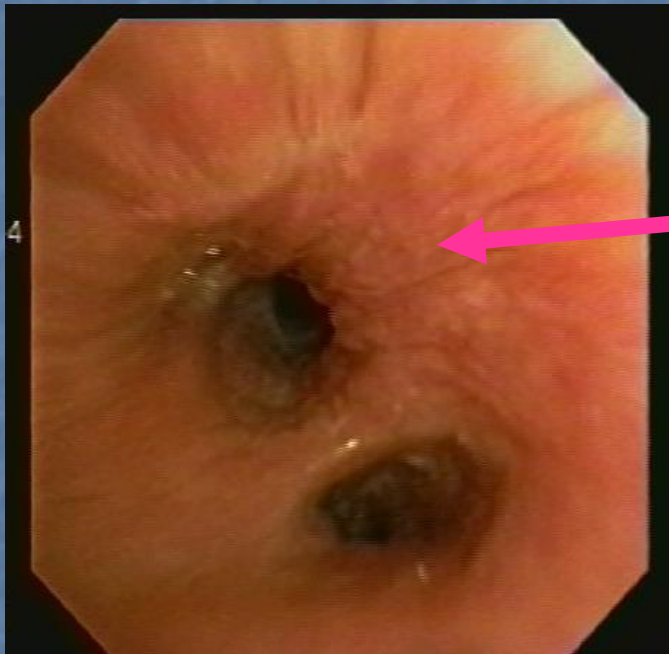
Intraluminal, exophytic mass

- Exophytic, Mass-nodule

Squamous cell carcinoma of trachea



Intraluminal infiltrative

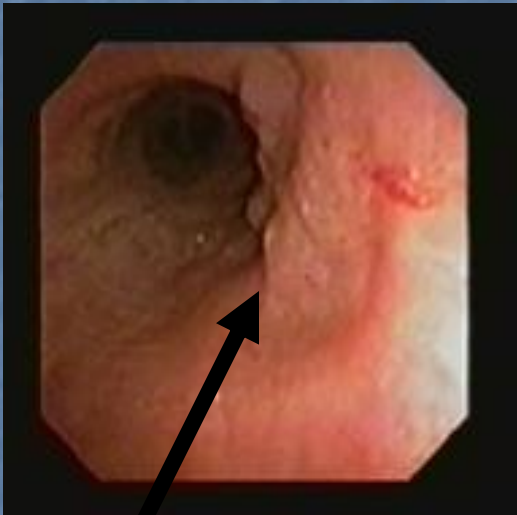


Mucosal and submucosal infiltration. Swollen, granular irregularity of bronchial mucosa

Lymphoma



This infiltrating abnormality is



A. Pale, raised, and irregular

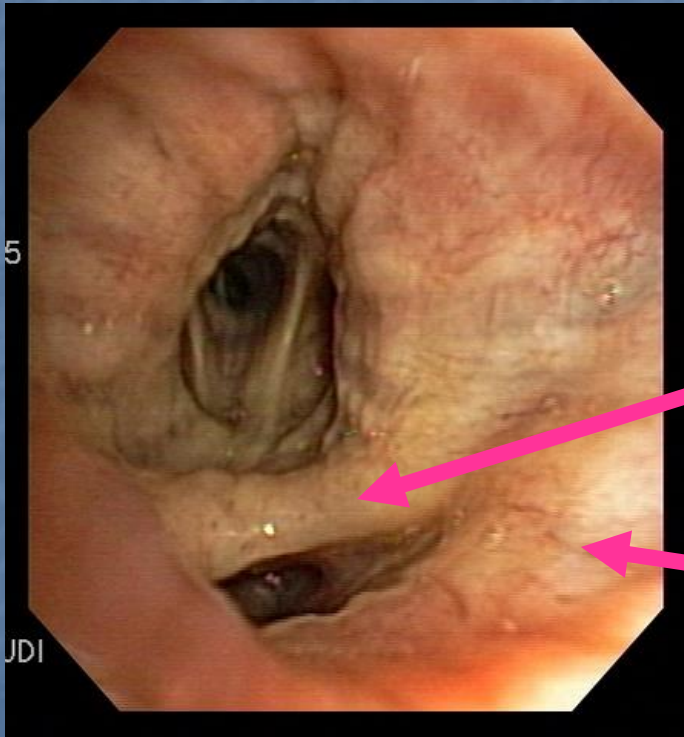
B. Thick and erythematous

C. Extrinsic compression

Diagnosis: adenocarcinoma

Click here for correct answer: **A**

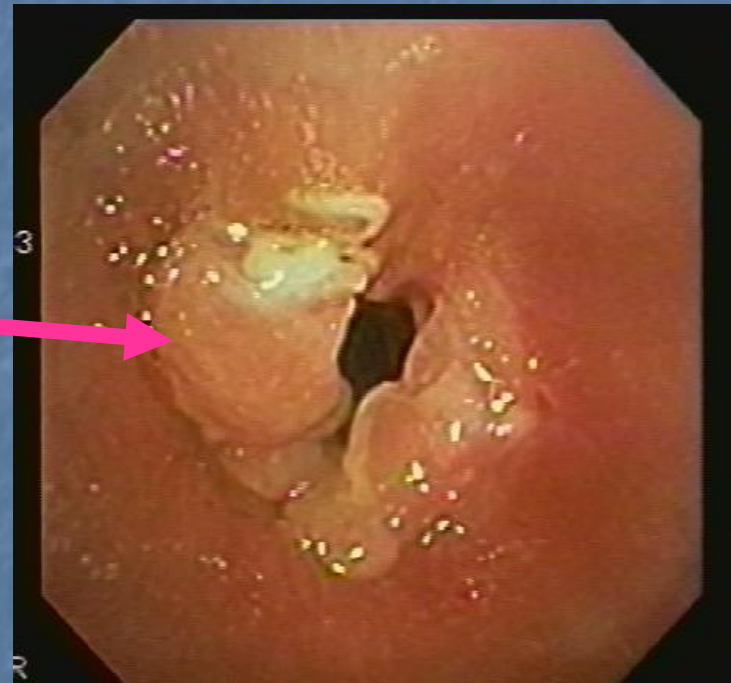
Infiltrative, causes narrowing



Mucosal infiltration (Adenocarcinoma) of minor carina right middle lobe bronchus , origin of lower lobe bronchus, and distal aspect of bronchus intermedius.

Intraluminal granulation

Granulation tissue distal
to tracheotomy tube



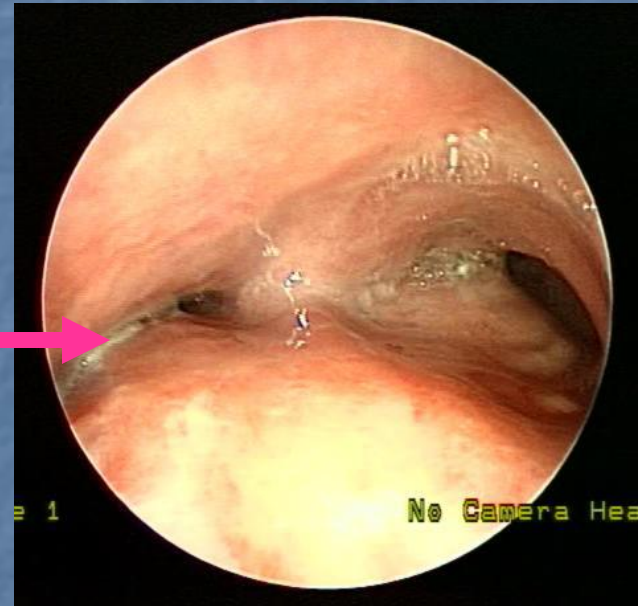
Post intubation granulation



Note partially obstructive collection of granulation tissue along anterior wall of trachea.

Extrinsic Compression

Extrinsic compression of
lower third of trachea
and left main bronchus
by esophageal cancer



Fibrotic strictures

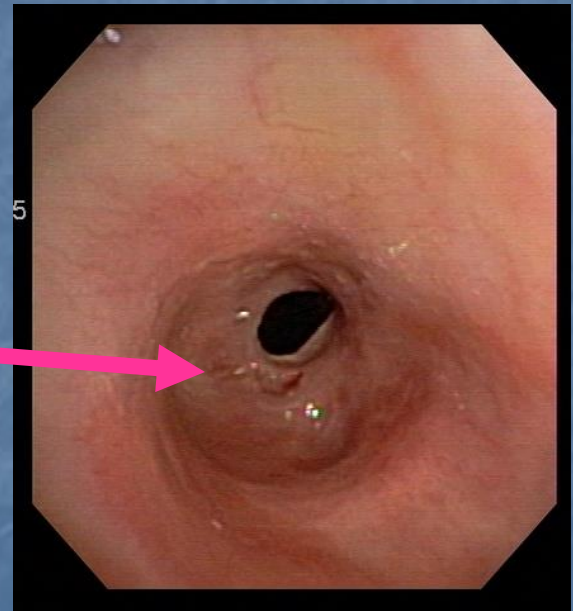
- Weblike
- Circumferential
- Hourglass
- Simple or Complex
 - Isolated or associated abnormalities



With circumferential
cartilage collapse

Simple fibrotic stricture

Simple circumferential
fibrotic stricture below
cricoid cartilage
(secondary to Wegener's
Granulomatosis)



Complex Fibrotic stricture

Complex fibrotic
bronchial stricture
(patient with old history
of tuberculosis and
chronic cough)



Tracheobronchomalacia

- A condition that causes the airways to narrow during exhalation because of weakness of the cartilaginous structures.

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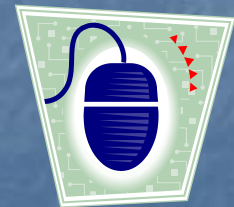
Crescent-Shaped Tracheomalacia

Excessive Dynamic Airway Collapse

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- Excessive bulging of the posterior membrane causing narrowing of the cross-sectional area to 50% or more.

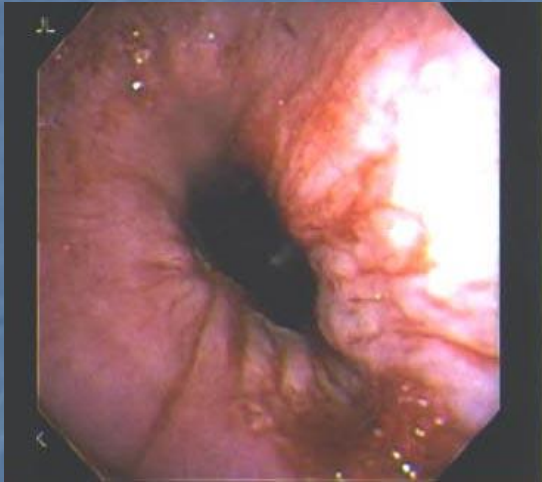
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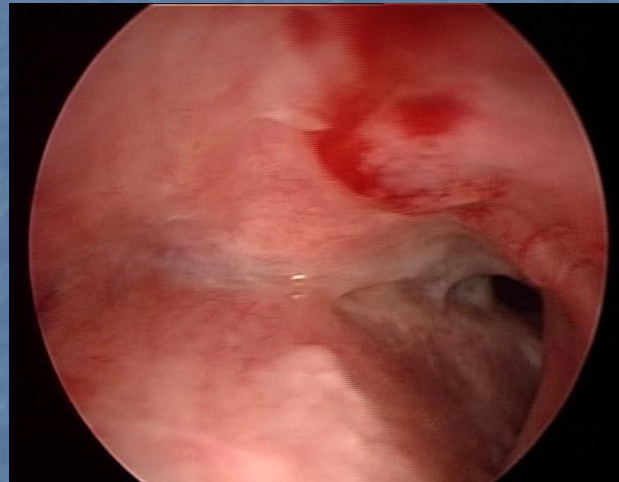
Severity of obstruction

- **Degree of obstruction**
 - Minimal
 - Moderate
 - < 50% obstruction
 - Severe
 - > 50 % obstruction
- **Classification also by**
 - Partial obstruction
 - Distal airways visible
 - Complete obstruction
 - Distal airways not visible

Severity of lesions



Partial obstruction



Total obstruction

This presentation is part of a comprehensive curriculum for Flexible Bronchoscopy. Our goals are to help health care workers become better at what they do, and to decrease the burden of procedure-related training on patients.

The Essential Bronchoscopist



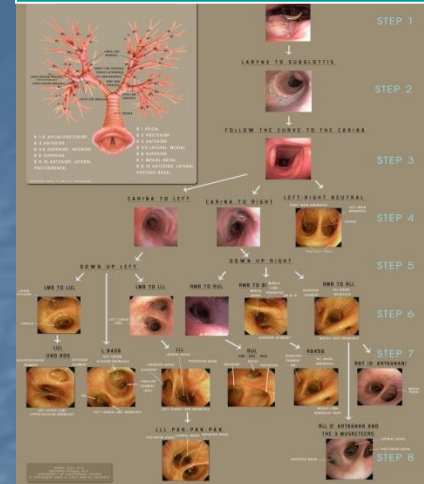
MODULE 1

A new curriculum

Assured competency and proficiency

1. Web-based Self-learning study guide.
2. Computer-based simulations, didactic lectures, and image encyclopedia.
3. Bronchoscopy step-by-step©: Practical exercises, skills and tasks, competency testing.
4. Guided apprenticeship.
5. Learning the art of Bronchoscopy.

Step by Step©



The Art of Bronchoscopy

8 Basic Principles

1. The bronchoscope wants to do the bronchoscopy
2. Stay in the midline (Get off the wall).
3. Moderation in everything; slow down, think, act.
4. If you don't know where you are you probably shouldn't be there
5. Force is wrong. Return to what you know; then move on and grow.
6. Slow down to finish faster.
7. Treasure basic values: peace, harmony and kindness
8. You and the bronchoscope are one

DEMOCRATIZATION AND
GLOBALIZATION OF KNOWLEDGE



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