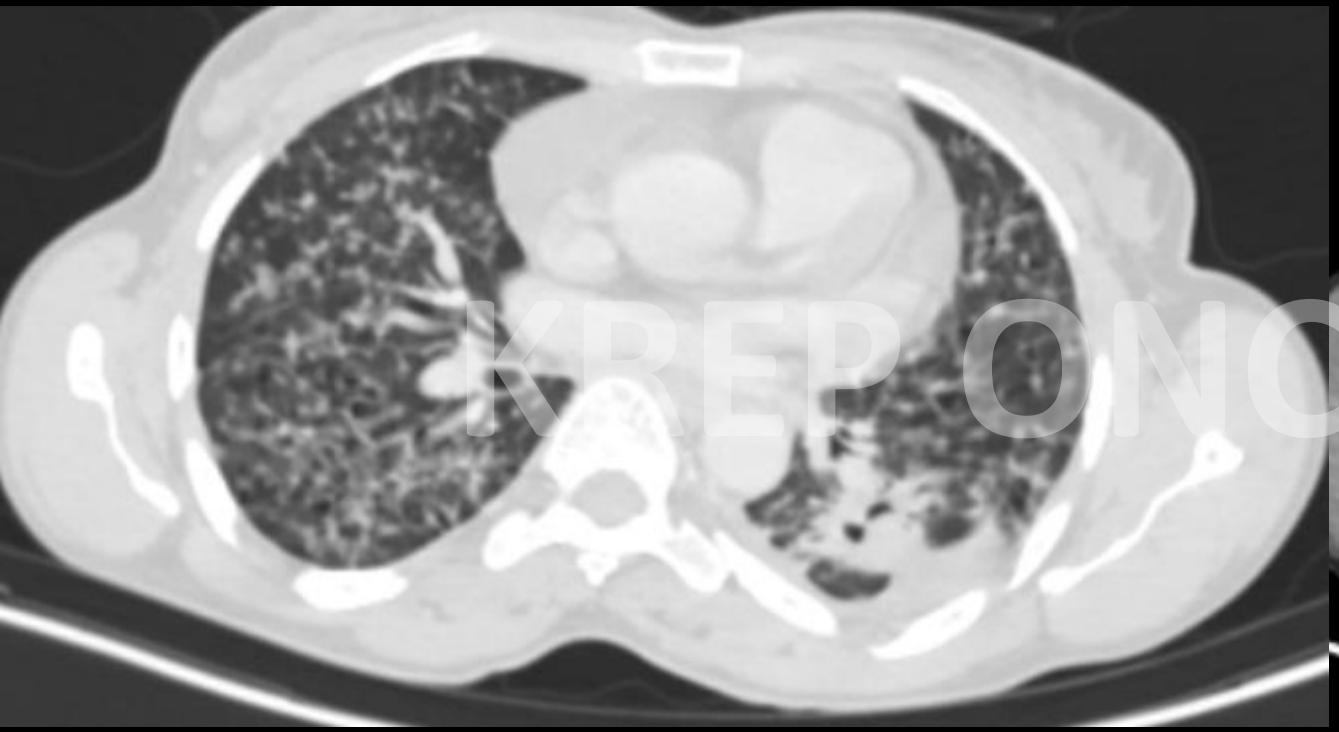
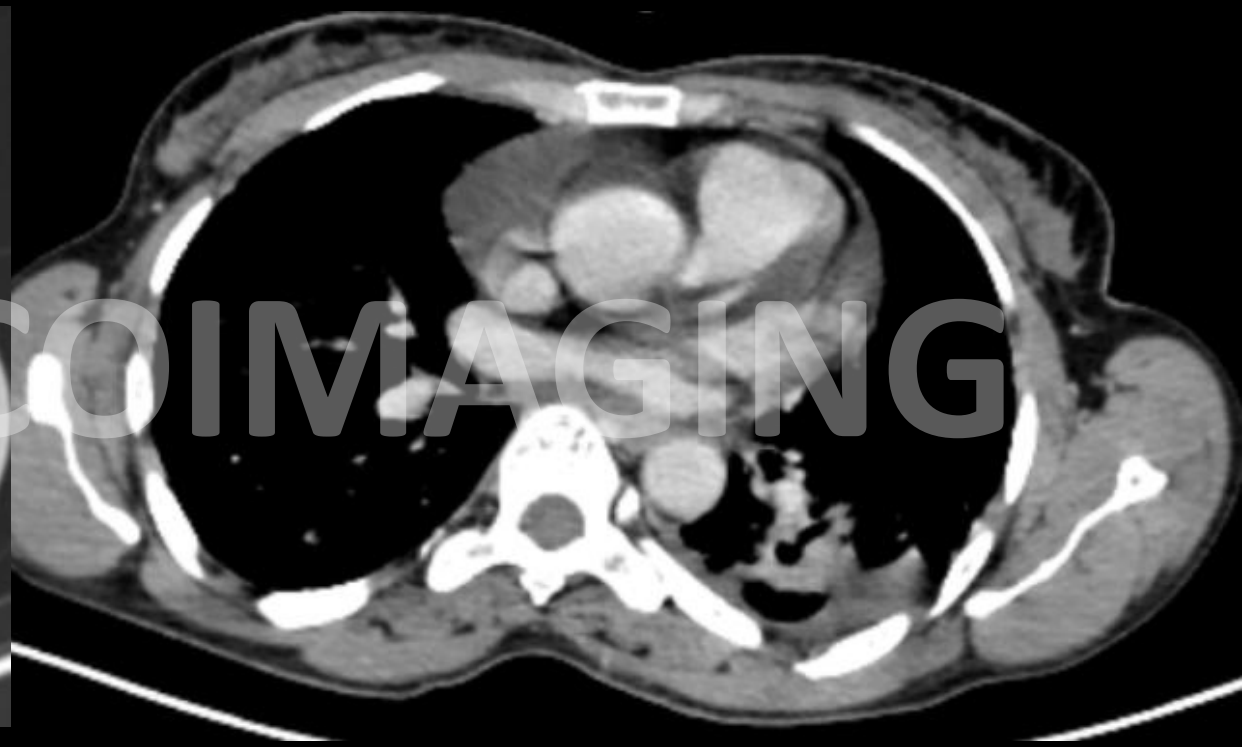
2025

KARNATAKA RADIOLOGY EDUCATION PROGRAM

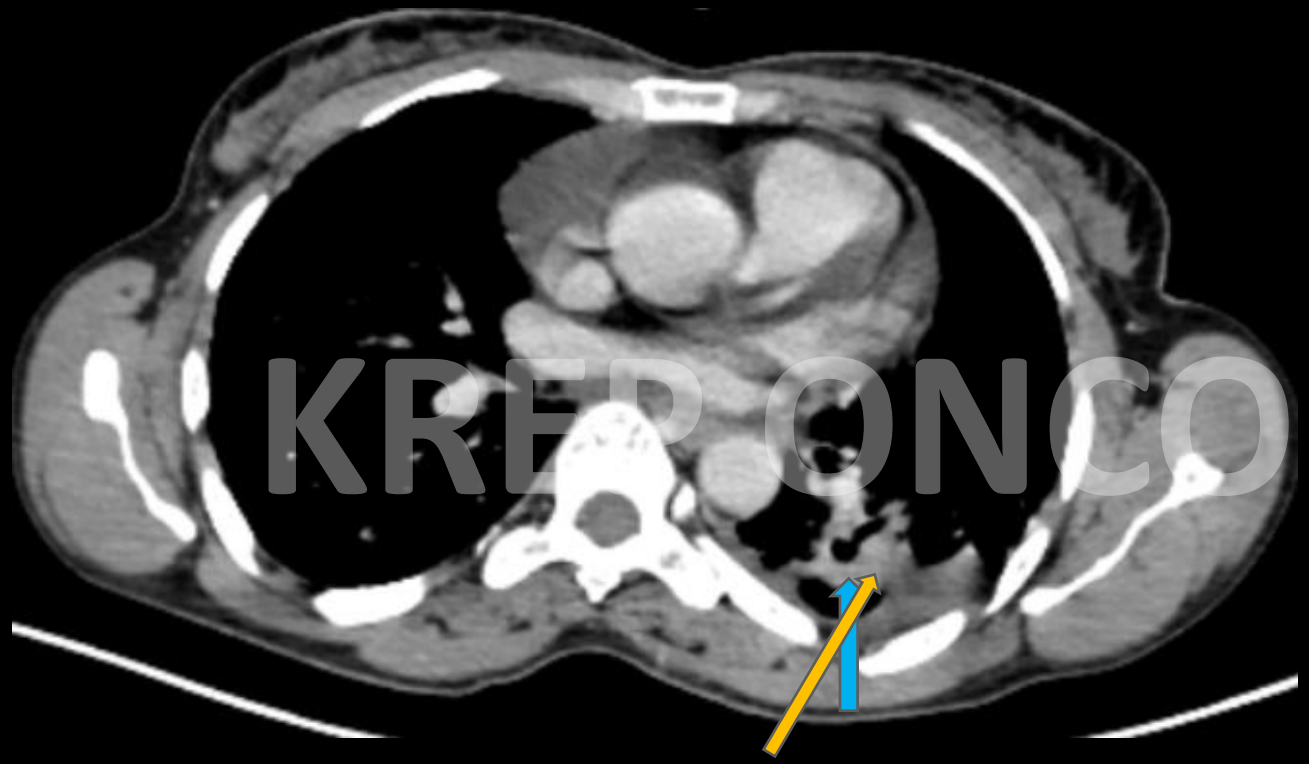




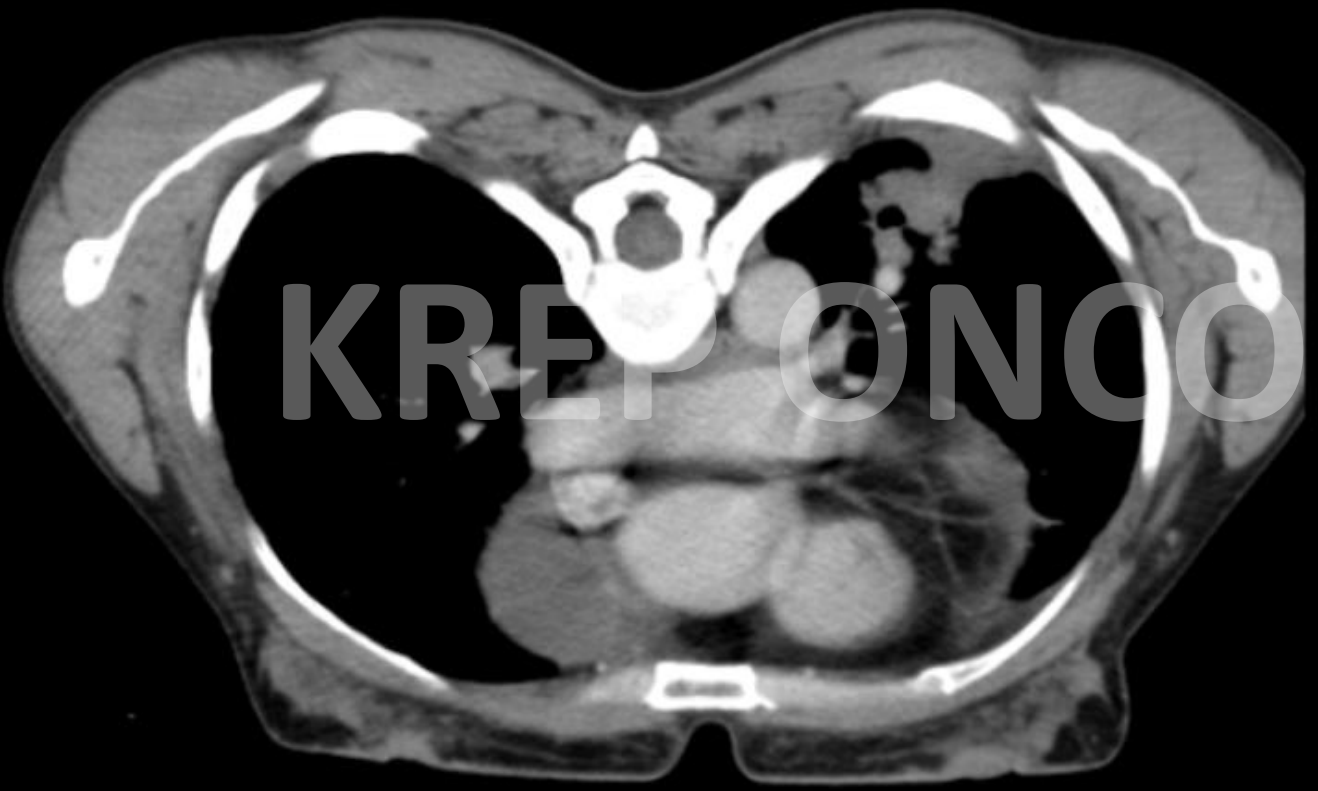
- Cavitating lesion in superior segment of right lower lobe with enhancement along the periphery of lesion. Puckering of pleura is noted (could suggest visceral pleural involvement). Several nodules are noted in rest of lung parenchyma (metastasis)
- Note that lobar artery is close to the lesion.

Checklist

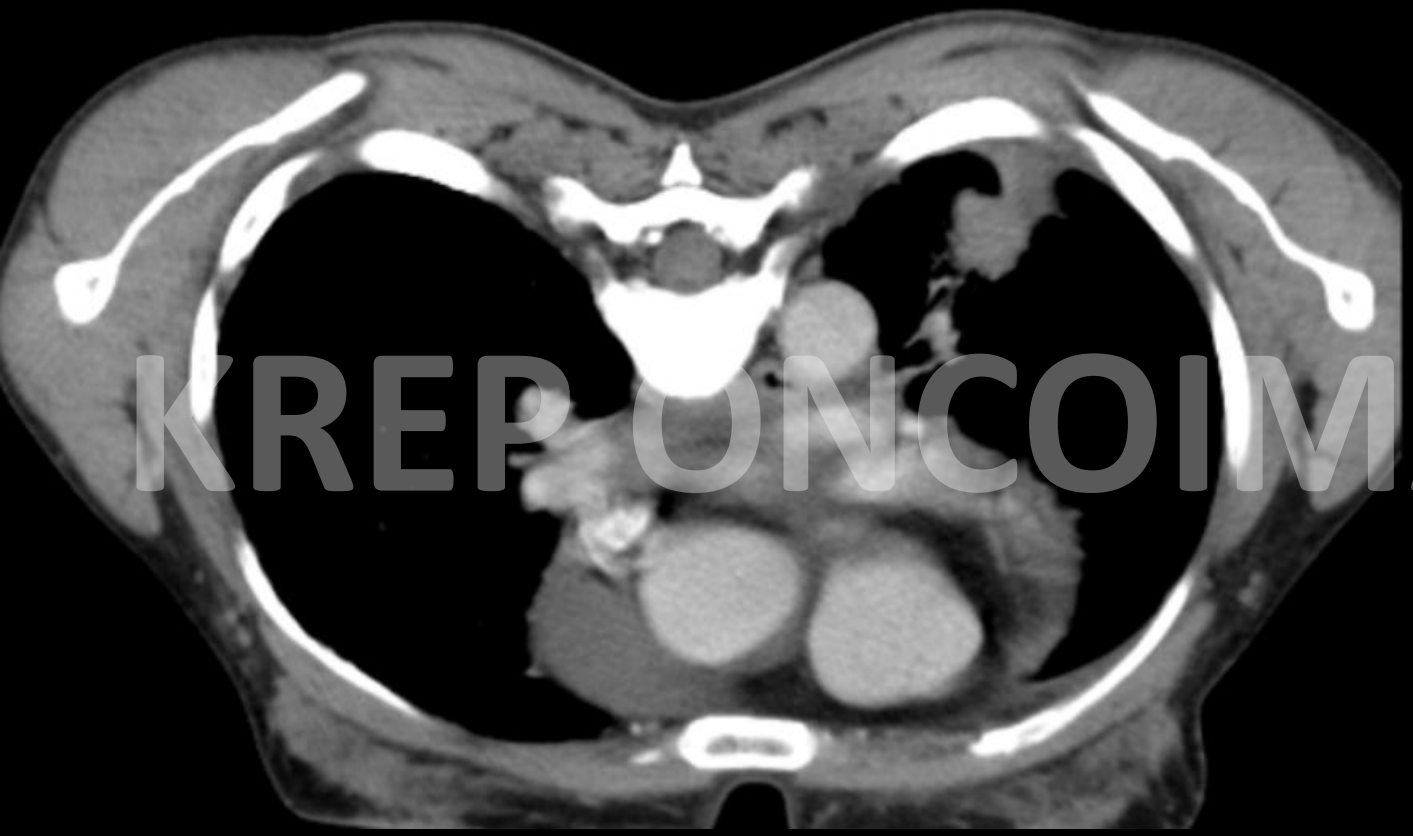
- Confirm patient details, request form, consent. Explain the procedure and risk of complications.
- Confirm the indication (site of biopsy, side, number etc)
- Review the clinical details (Sometimes sample in NS is needed for infection workup)
- Review the bleeding parameters.
- Secure an IV access.
- Keep the crashcart ready.
- Have a backup ready for high risk prone cases.



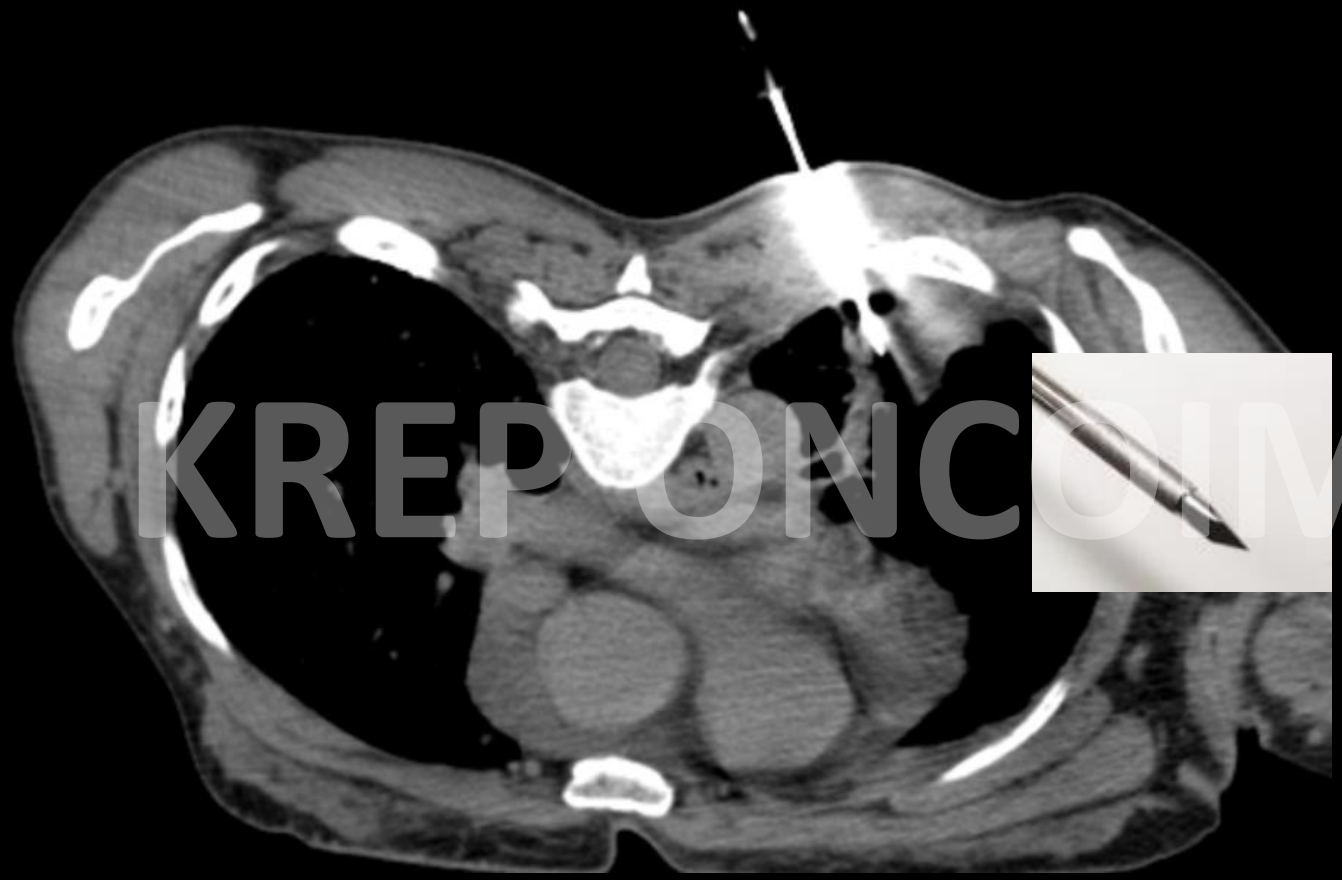
- Blue – The sample size will be smaller, overshooting can result in injury to major vessels.
- Orange – Relatively safer, longer cores / sample length.



- Planning CT with 20 mL contrast on table
- This is to identify perihilar vascular structures. The course of vessels should be studied and safest trajectory has to be decided.
- Therefore lesion can be traversed mediolaterally without injuring the major segmental arteries.



- One slice cranially the vessels are away and solid area is seen.



- Note that the assembly (outer coaxial + inner solid needle) is about 6 mm in the lesion, when the inner needle is removed the coaxial will still be in the wall / periphery of the lesion.
- Sufficient cores should be given for HPE, IHC, NGS.
- Any cavitating lesion, it is recommended to send 2 samples in NS. TB can co exist with malignancy.

REPORT

Non small cell carcinoma favours Adenocarcinoma with lepidic pattern. High grade areas <5% and necrosis not seen in sections studied.

Contributors

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Feedbacks are most welcome and appreciated - drkashif1196@gmail.com