**Haemoptysis: the need for bronchoscopy with a normal CT**

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**Background**

As CT imaging becomes more sensitive the need for bronchoscopy in assessing patients presenting with haemoptysis who have a normal CT scan has started to be questioned1. NICE guidance suggests that all patients >40 with unexplained haemoptysis should be referred on 2 week wait pathway and a CT Chest carried out2. BTS Guidelines suggest that bronchoscopy should be considered after a normal CT if the patient is high risk of lung carcinoma or if haemoptysis continues.3

**Aim**

To assess the need for bronchoscopy in patients presenting with haemoptysis, when the CT Chest shows no evidence of malignancy.

**Method**

Retrospective analysis of e-record notes of all adult patients (n=43) who presented with haemoptysis and had a normal CT Chest between Oct2015-July2016. We looked to see if any of the patients went on to develop thoracic malignancy or other significant pathology from the time of their initial CT scan to date of review.

**Results**

No patients (0%) went on to be diagnosed with a lung malignancy during the follow up period.

14 (32.5%) underwent bronchoscopy, 13 were unremarkable, one showed abnormality of the vocal cords such that this patient was referred to ENT. This is in keeping with the previous data collected that indicated some patients should be referred for an ENT opinion4.

**Conclusion**

In the setting of haemoptysis clinicians should be increasingly confident in the finding of a normal CT scan so bronchoscopy should not be needed. Local practices should change to take account of this information. If haemoptysis persists consideration should be given to ENT assessment.