

Original

HAEMOPTYSIS OF UNKNOWN ORIGIN: THE EXPERIENCE OF RIYADH CENTRAL HOSPITAL

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Sixty-seven patients admitted with the provisional diagnosis of "Haemoptysis for investigation" were reviewed to ascertain the aetiology and incidence of surgically curable causes of haemoptysis. In a predominantly male sample (51 of 67), haemoptysis occurred at the mean age of 40.5 years. Thirty-eight (56.7%) of sixty-seven patients had bronchial or lung parenchymal inflammation as the cause of haemoptysis. Thirty-nine patients had bronchography to find the cause of haemoptysis. Twenty-one (53.8%) of thirty-nine patients were found to have bronchiectasis as a cause of haemoptysis. No case of lung cancer was detected in this series on sputum cytology, computerized tomography (CT) of chest and bronchoscopy. The yield of interventional investigations to find out a surgically curable cause of haemoptysis is low (2 of 67, 2.9%), when chest radiograph is within normal limits. We conclude that in Saudi Arabia the aetiology of haemoptysis in patients with normal chest X-ray is different from that seen in Western countries. Lower respiratory tract infections remain the predominant cause of haemoptysis. We recommend bronchography or high resolution CT of chest to screen patients with recurrent haemoptysis when the chest radiograph is within normal limits. Bahrain Med Bull 1995;17:

Unexplained and unexpected bleeding from any part of the body is a frightening experience. This is particularly true of haemoptysis because of the age-old stigma attached to it as a harbinger of pulmonary tuberculosis and recently, as a warning symptom of lung cancer. However, whether or not to investigate a patient with first episode of haemoptysis is subject to controversy, more so if the chest radiograph is normal¹⁻⁴.