

PREOPERATIVE DIAGNOSIS:, Bilateral upper lobe cavitory lung masses.,POSTOPERATIVE DIAGNOSES:,1. Bilateral upper lobe cavitory lung masses.,2. Final pending pathology.,3. Airway changes including narrowing of upper lobe segmental bronchi, apical and posterior on the right, and anterior on the left. There are also changes of inflammation throughout.,PROCEDURE PERFORMED: , Diagnostic fiberoptic bronchoscopy with biopsies and bronchoalveolar lavage.,ANESTHESIA: , Conscious sedation was with Demerol 150 mg and Versed 4 mg IV.,OPERATIVE REPORT: , The patient is residing in the endoscopy suite. After appropriate anesthesia and sedation, the bronchoscope was advanced transorally due to the patient's recent history of epistaxis. Topical lidocaine was utilized for anesthesia. Epiglottis and vocal cords demonstrated some mild asymmetry of the true cords with right true and false vocal cord appearing slightly more prominent. This may be normal anatomic variant. The scope was advanced into the trachea. The main carina was sharp in appearance. Right upper, middle, and lower segmental bronchi as well as left upper lobe and lower lobe segmental bronchi were serially visualized. Immediately noted were some abnormalities including circumferential narrowing and probable edema involving the posterior and apical segmental bronchi on the right and to a lesser degree the anterior segmental bronchus on the left. No specific intrinsic masses were noted. Under direct visualization, the scope was utilized to lavage the posterior segmental bronchus in the right upper lobe. Also cytologic

brushings and protected bacteriologic brushing specimens were obtained. Three biopsies were attempted within the cavitory lesion in the posterior segment of the right upper lobe. During lavage, some caseous appearing debris appeared intermittently. The specimens were collected and sent to the lab. Procedure was terminated with hemostasis having been verified. The patient tolerated the procedure well., Throughout the procedure, the patient's vital signs and oximetry were monitored and remained within satisfactory limits., The patient will be returned to her room with orders as per usual.