



BONNES PRATIQUES EN ENDOSCOPIE SOUPLE (DIAGNOSTIC)

L'endoscopie bronchique souple est une procédure diagnostique importante qui peut être réalisée en sécurité chez des patients ambulatoires. Dans une grande étude multicentrique prospective de 2009 portant sur plus de 20 986 procédures, le taux de complications sévères était de 1,1% et la mortalité de 0,02 (1). Les principaux événements rapportés sont des troubles du rythme cardiaque, hémorragies minimales ou sévères, bronchospasmes/laryngospasmes, toux, dyspnée, désaturations, défaillance cardio-respiratoires, pneumothorax, œdèmes pulmonaires. Dans des études prospectives plus petites, le taux de complications est plus élevé avec 7% pour Hehn et al (4,3% respiratoires, 2,8% de non-respiratoire) et plus de 30% pour Bechara et al (dont 8% de sévères) (2,3). Cet examen diagnostique ne semble pas plus à risque chez les personnes âgées de plus de 65 ans, voire de plus de 85 ans (4). De nombreux facteurs peuvent influencer le risque de complications, et inclus ceux inhérents au patient et ceux inhérent à la procédure elle-même (sédation, type de prélèvement réalisé ...). L'utilisation d'une check-list avant la procédure permet d'identifier de possibles risques de complication (annexe 1).

Pour aider les pneumologues dans leur pratique, plusieurs sociétés savantes ont édité des recommandations de bonnes pratiques pour l'endoscopie bronchique souple diagnostique (5–8).

1. L'hypoxie

Il est habituel de constater une baisse significative de la saturation lors d'une endoscopie bronchique, qui peut débuter au moment de l'anesthésie, se majorer au moment du passage des cordes vocales et qui est plus importante en position assise, lors de l'utilisation d'aspiration, lors des prélèvements ou en cas de prémédication avec des benzodiazépines (9–13). L'hypoxie est le plus souvent transitoire et sera significative si elle se prolonge plus d'une minute. Elle est plus fréquente en cas de baisse du peakflow (inférieur à 60% de la théorique) ou du VEMS inférieur à 1 litre et en cas de présence d'une hypoxie avant le geste (13). Habituellement l'hypoxie est corrigée par l'apport d'oxygène par voie nasale ou pharyngée au débit de 2 à 4 litres par minute (11,14).

Recommandations

- Pendant une endoscopie bronchique le patient doit être surveillé en continu au saturomètre.
- Une supplémentation en oxygène doit être administrée en cas de désaturation de moins de 4% ou sat < 90% de plus de 1 minute pour réduire les risques de complications dus à l'hypoxie.
- Ces complications sont corrélées à la saturation initiale, la fonction respiratoire, les comorbidités, la sédation, et le type de prélèvement.

2. Les risques cardiaques

L'hypoxie survenant lors d'une endoscopie bronchique est classiquement à l'origine d'une augmentation de fréquence cardiaque (environ 40% de la fréquence de base), de la pression sanguine (environ 30% de la base), et de l'index cardiaque. Cependant, les troubles du rythme sévères pendant une endoscopie sont rares et semblent liés à une ischémie myocardique lors d'hypertension (15,16).

Les tachycardies sinusales sont fréquentes pendant l'endoscopie (14). Les arythmies atriales surviennent à n'importe quel moment de la procédure alors que les arythmies ventriculaires sont plus fréquentes au moment du passage de cordes vocales et lors d'hypoxie (17).

L'augmentation de la pression systolique et de la fréquence cardiaque pendant l'endoscopie est associée à une modification ECG dans 15% des cas (segment ST, bloc de branche) et corrélée à l'âge élevé et au nombre de paquet-années plus qu'à l'hypoxie ou à la fonction respiratoire (16). Un infarctus du myocarde récent de moins de 4-6 semaines est considéré comme une contre-indication à l'endoscopie. Dweik *et al.* ont analysé



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DECLARATION DES LIENS D'INTERETS

Les personnes ci-dessous ont déclaré des liens d'intérêt en oncologie thoracique pour des participations à des congrès, séminaires ou formations ; des bourses ou autre financement ; des rémunérations personnelles ; des intéressements ; ou tout autre lien pertinent dans les 3 dernières années :

ARPIN D : Takeda, Roche
 AUDIGIER-VALETTE C : Roche, Abbvie, BMS, MSD, Takeda, Boehringer, AstraZeneca, Pfizer, Novartis, Fabre, Amgen, Lilly
 AVRILLON V : BMS, Abbvie.
 BARANZELLI A. : Roche, Takeda, BMS, MSD
 BAUD M. : Boehringer
 BAYCE BLEUEZ S. : Roche, BMS, AMGEN
 BERARD H : Roche, Pfizer, Boehringer
 BERNARDI M. : BMS, Sandoz, Roche
 BOMBARON P : Roche, AstraZeneca, BMS, Boehringer.
 COURAUD S. : AstraZeneca, Boehringer Ingelheim, Lilly, Merck, MSD, Novartis, Pfizer, Roche, Sysmex Innostics, Chugai, Laidet.
 DELCLAUX B : BMS, Boehringer, AstraZeneca, Novartis, Roche.
 DEMIR S : Pfizer, BMS
 FALCHERO L. : Roche, Boehringer, AstraZeneca, BMS, Pfizer, Amgen.
 FOUCHER P : AstraZeneca, Roche, BMS, MSD, Chugai, Vifor, IFCT, PFIZER
 FOURNEL P. : Lilly, Amgen, BMS, MSD, Roche, Pfizer, Astellas, Boehringer, AstraZeneca, Takeda, Novartis, PFO
 GERINIERE L : Lilly
 GIAJ LEVRA M. : MSD, BMS, Roche, AstraZeneca, Novartis, Pfizer, Boehringer
 GONZALEZ G. : Roche, Novartis, Pharmadom
 GOUNANT V : Takeda, Lilly, Roche, AstraZeneca, BMS, Boehringer, Pfizer, Novartis.
 GROUET A. : Boehringer, Novartis
 HAMMOU Y : Chiesi, ISIS, Elia
 JACOULET P : Boehringer
 JANICOT H. Boehringer
 LARIVE S. : TEVA Santé, Pfizer, Boehringer, BMS, MSD, AstraZeneca.
 LE TREUT J. : AstraZeneca, Boehringer, Roche, BMS, MSD
 LOCATELLI SANCHEZ M. : Boehringer, BMS, AstraZeneca, LFB
 LUCIANI S : Pfizer
 MARTIN E. : Astra Zeneca
 MASTROIANNI B : Amgen
 MERLE P : MSD, AstraZeneca, BMS, Pfizer
 MORO-SIBILOT D : Roche, Pfizer, Lilly, Boehringer, MSD, BMS, Takeda, AstraZeneca, Novartis, Amgen, Abbvie
 NAKADA : BMS
 ODIER L. : Lilly, Amgen, Pfizer
 PAULUS V : MSD, Roche
 PEROL M. : Roche, AstraZeneca, Boehringer, Lilly, Takeda, BMS, MSD, Pfizer, Novartis, Chugai
 PERROT E. : AstraZeneca
 PINSOLLE J. : Takeda, MSD, Roche, Pfizer, Agiradom.
 RANCHON F : CELGENE, JAZZPHORNA
 SAKHRI L : Pfizer, BMS.
 SOUQUET P.-J. : Amgen, AstraZeneca, BI, CHUGAI, P FABRE, LILLY, MSD, BMS, Pfizer, Novartis, Sandoz, Roche, Takeda, Bayer, Merrimack, Merck, Astellas,
 TAVIOT B : Chiesi
 TISSOT C : Amgen, Sandoz, BMS
 WATKIN E. : MSD, AstraZeneca, Boehringer, Pfizer, Roche, BMS
 ZALCMAN G. : Roche, AstraZeneca, BMS, Pfizer, Novartis, Abbvie, MSD, Boehringer, GSK, Inventiva

Les autres participants et membres des groupes de travail n'ont déclaré aucun lien d'intérêt en oncologie thoracique. Aucun participant ou membre d'un groupe de travail n'a rapporté de lien d'intérêt avec l'industrie du tabac.



MENTIONS LEGALES

La réunion de mise à jour des référentiels (édition 2019) a été organisée par l'Association de Recherche d'Information Scientifique et Thérapeutique en Oncologie Thoracique (ARISTOT).

Les partenaires institutionnels 2019 d'ARISTOT sont : **Amgen, Astra Zeneca, Boehringer Ingelheim, Chugai, Pfizer, Roche.**

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