



Endoscopie des cancers bronchiques

4. Les patients asthmatiques

La réalisation d'une bronchoscopie fait chuter le VEMS d'environ 10 à 26% y compris chez des volontaires sains. Cette chute semble plus importante chez les personnes présentant une hyperactivité bronchique, surtout en cas de réalisation d'un lavage broncho-alvéolaire ou de biopsies (47–49).

Les patients présentant un asthme sévère ont plus fréquemment besoin de corticoïdes oraux et de bronchodilatateurs après le geste. L'administration de bronchodilatateurs avant l'endoscopie ne modifie pas le pourcentage de chute du VEMS mais augmente le VEMS absolu à la fin du geste, le VEMS étant optimisé avant le geste.

Recommandations

- Chez un patient asthmatique, le contrôle de l'asthme doit être optimisé au mieux avant une endoscopie, spécialement en cas de LBA ou biopsies.
- Un traitement bronchodilatateur en nébulisation peut être envisagé avant le geste.

5. Les patients BPCO

La présence d'une bronchopathie chronique obstructive est corrélée à une augmentation du taux de complication lors d'une bronchoscopie lorsque le VEMS/CVF est < 50%, ou le VEMS est < 1 litre et VEMS/CVF < 68% (50). Le risque s'élève alors à 5% (pneumopathie, hypoxie, défaillance respiratoire) au lieu de 0,6% chez les patients à fonction respiratoire normale. La présence d'une hypercapnie et/ou d'une hypoxie augmente également ce risque (+30% de désaturation, +50% de weezing et +20% d'arrêt prématuré de la procédure dans étude de Chechani dans laquelle 77% des patients étaient BPCO hypercapniques) (51). Par contre, ce risque ne semble pas être modifié par l'administration de bronchodilatateurs en nébulisation avant le geste mais est majoré par l'administration d'une prémédication (5).

Recommandations

- Avant une bronchoscopie, chez un patient suspect de BPCO, il est recommandé de réaliser une spirométrie et si le TVO est sévère (VEMS < 40% de théorique et/ou SAT < 93%), une gazométrie.
- Chez ces patients BPCO, l'apport d'oxygène et la sédation intraveineuse peuvent induire une hypercapnie. La sédation doit donc être évitée lorsque la PaCO₂ pré-endoscopie est élevée et l'apport en oxygène doit être contrôlé. Le traitement avant le geste doit être optimisé.

6. Standards et performances des techniques diagnostiques de la bronchoscopie souple en cancérologie thoracique

Lorsqu'un cancer bronchique est suspecté chez un patient, un scanner thoracique doit être réalisé et **si la lésion est centrale** et le statut ganglionnaire non déterminant, l'endoscopie doit être réalisée. De nombreuses études ont montrés la sensibilité des biopsies endobronchiques pour le diagnostic (43 à 93% selon les études).

L'association de biopsies à un brossage et aspiration bronchique augmente la rentabilité diagnostique de la bronchoscopie. Dans la méta-analyse faite en 2007 par l'*American College of chest physicians*, 35 études concernant des endoscopies faites sur des lésions centrales ont été regroupées soit 4507 patients. La sensibilité des biopsies était de 74%, des brossages de 59% et des aspirations de 48%. La rentabilité globale de toutes les techniques associées était de 88% (52). Auparavant, une étude Ecossaise faite sur 2238 bronchoscopies retrouvait, en cas de lésion endobronchique visible, une sensibilité diagnostique des biopsies seules de 82%, qui



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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
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 NAKADA : BMS
 ODIER L. : Lilly, Amgen, Pfizer
 PAULUS V : MSD, Roche
 PEROL M. : Roche, AstraZeneca, Boehringer, Lilly, Takeda, BMS, MSD, Pfizer, Novartis, Chugai
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 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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