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Title: Hemoptysis: Causes, interventions and outcomes – Indian single centre experience

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Body: Introduction: Hemoptysis, requires multidisciplinary management & is lacking in tuberculosis hospitals. We evaluated profile of patients admitted with hemoptysis in tertiary care respiratory center. Methods: Retrospective analysis of 377 patients admitted with hemoptysis in Metro Centre for Respiratory Diseases between 2006-2011 done and results analyzed. All patients had active medical management and those suitable for surgery underwent elective or emergent surgery otherwise bronchial artery embolization (BAE) or bronchoscopic interventions (BI) done. Results: Mean age of patients was 49.5 ± 16.52 years with 76.59% (n=287) being male. Mortality in male patients was significantly (59.6 % Vs 40.4 %; $p=0.048$). Hemoptysis was mild in 35%, moderate in 40.58% and massive in 24.13%, with 5.3%, 11.7% and 18.6% mortality respectively. Hemoptysis was due to tuberculosis (active / old) in 54.6%, Pneumonia 20.4%, Bronchiectasis 15.9%, fungi 14.6% with mortality 8.73%, 20.8%, 10%, 16.4% respectively. Lung cancer seen in 5.6% cases only. Bleeding site was identified on CT chest in 47.9% and in 43.1% by fiber optic bronchoscopy (FOB) and combined localize bleeding in 89.4%. Patients who had medical management carried highest mortality and BAE group required further interventions in 68.4%.

Types of management Vs mortality in Hemoptysis

	N	percentage
Medical (n=163)	16	9.8
Bronchoscopic Intervention(n=136)	15	11
BAE (n=30)	1	3.3
Surgery (n=48)	10	20.8
Multiple interventions(n=36)	4	11.1

Conclusions: All cause mortality in hemoptysis was 11.1%. Pulmonary embolism, lung cancer, necrotizing pneumonia carried higher mortality. Active tuberculosis had lowest mortality. Surgery had acceptable mortality and is definitive treatment of choice.

