therefore considerably reduce the frequency of arterial sampling and may also be dependent on each other when arbitrary number of biopsy samples which compared autofluorescence bronchoscopy with white light bronchoscopy alone for the detection of precancerous lesions: a European randomised controlled multicentre trial. Thorax 2005;60:496–503

A&E department: a missed opportunity for diagnosis of TB?

The World Health Organization declared tuberculosis (TB) to be a global emergency in 1993. Since then there has been a resurgence of TB in England and Wales, particularly in London. Early diagnosis, particularly of infectious cases, is a major factor in the success of control programmes. In the UK, TB continues to disproportionately affect vulnerable groups—including the homeless, illicit drug users, alcoholics, and immigrants recently arrived from high prevalence countries. These groups frequently find it difficult to access appropriate health care and often rely on Accident and Emergency (A&E) departments for healthcare provision. We examined how frequently patients with TB attended the local A&E department before their diagnosis and whether their A&E attendance led to a diagnosis of TB being made. From January 2001 to March 2002 there were 130 notifications of TB at University College London Hospitals. For each patient with TB the A&E department records were examined for the 6 month period before the date of diagnosis. Forty one (31%) of the 130 patients attended the A&E department on 51 occasions during the 6 months prior to diagnosis. Thirty six of the 41 (88%) had no access to a general practitioner; of the remainder, the majority self-referred to A&E. The demographic characteristics of patients attending A&E and the 130 patients were similar. Of A&E attenders, 17 were black African, 13 were Asian, and 11 were white. Eighteen had underlying risk factors.

Table 1 Effects of varying the number of samples from non-suspicious areas in a per lesion analysis

<table>
<thead>
<tr>
<th>Diagnostic test</th>
<th>Biopsy results</th>
<th>Sensitivity (%)</th>
<th>Specificity (%)</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>WLB+AFB</td>
<td>Test positive</td>
<td>28*</td>
<td>623*</td>
<td></td>
</tr>
<tr>
<td>Test negative</td>
<td>Original</td>
<td>46</td>
<td>874*</td>
<td>82.3*</td>
</tr>
<tr>
<td></td>
<td>2x Original</td>
<td>62</td>
<td>874+2</td>
<td>70.0</td>
</tr>
<tr>
<td></td>
<td>3x Original</td>
<td>63</td>
<td>874+3</td>
<td>60.9</td>
</tr>
<tr>
<td>WLB alone</td>
<td>Test positive</td>
<td>11*</td>
<td>514*</td>
<td></td>
</tr>
<tr>
<td>Test negative</td>
<td>Original</td>
<td>8*</td>
<td>843*</td>
<td>57.9*</td>
</tr>
<tr>
<td></td>
<td>2x Original</td>
<td>8+2</td>
<td>843+2</td>
<td>40.7</td>
</tr>
<tr>
<td></td>
<td>3x Original</td>
<td>8+3</td>
<td>843+3</td>
<td>31.4</td>
</tr>
</tbody>
</table>

WLB, white light bronchoscopy; AFB, autofluorescence bronchoscopy.
*Figures as reported in the study by Häußling et al [1]
Per lesion analysis is misleading

K-C Chang, C-C Leung and C-M Tam

Thorax 2006 61: 364

Updated information and services can be found at:
http://thorax.bmj.com/content/61/4/364.1

These include:

References
This article cites 4 articles, 2 of which you can access for free at:
http://thorax.bmj.com/content/61/4/364.1#BIBL

Email alerting service
Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Notes

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/