An evaluation of methods of inducing sputum production in patient with suspected lung cancer

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Summary:

Background : the major focus of respiratory cytology is the diagnosis of lung cancer, carcinoma of the lung is now reported to be the most commonly diagnosed non- Cutaneous malignancy in the world. Iraq has faced the increase in incidence of this lethal type of cancer. Sputum cytology is a convenient method of screening and diagnosing primary epithelial tumor of the lung which is of many types include fresh smear, Sacccomanno smear, and mailing container method.

Methods : Sputum cytological study was done on 50 patients suspected to have pulmonary carcinoma prepared by fresh smear method ,Saccomanno method ,and mailing container method.One, two,or three samples taken from each patient.Slides were prepared and stained by H and E stain and examined thoroughly.The accuracy specificity, and sensitivity was found for each method for comparison.

Result and Conclusion : A careful and sometimes frequent sputum samples is very essential in the diagnosis of lung cancer .Preservation and fixation methods are found to facilitate more accurate diagnosis especially in areas far from hospital.

Key words : Lung cancer, sputum cytology, accuracy.

Introduction:

Sputum cytological study in experienced hands has been demonstrated

to be an accurate and convenient method of screening and diagnosing primary epithelial tumors of the lung (1-5). Convenient sputum cytology in mass surveys has also become an essential method for the detection of x-ray negative central type early stage lung cancer (6). The most reliable method of processing sputum is the preparation of fresh smears from unfixed, selected material (7,8). When fresh smears can not be processed, and when a significant time lapse between collection and processing is expected, the samples must be fixed. The best and widely used method of fixation and concentration of sputum has been describe by Saccomanno . Mailing container method is another method used for the fixation of the sputum for a maximum three days. This method can be applied in mass surveys (9).

Material & Methods

From the first of July 2002 to the end of December 2004, 50 sputum samples were collected from patients attending the outpatient, medical wards , and the cardiothoracic unit in the Al-Kadhimiya Teaching Hospital .

These sputum samples were prepared by three different techniques (fresh smear technique, Saccomanno technique and mailing container method). For each patient a record no. had been given and a case report was prepared. Specimens were subjected to cytological examination

Early morning sputum specimens are recommended (8,10). The patient is instructed to gargle and rinse the mouth with normal saline to minimize contamination by food residues and bacteria. And asked to cough and expectorate sputum into three plastic tubes, the first used for the fresh smear preparation ,the second contain a mixture of 50% ethanol and 2% carbowax (used for the Saccommanno technique), and the third contain a mixture of 9.9 ml of methyl alcohol and 0.1 ml of thymol (used for mailing container method). The content of the second tube was blended thoroughly with food blender then centrifuged for 15 minutes at 1500 rpm and the sediment is smeared on three glass slides. The third container contents were poured on filter paper and the remaining materials accumulated by a spatula and smeared on a glass slides and fixed in 95% alcohol .All slides were stained by hematoxylin and eosin.

Cellular findings were classified as :

- Benign
- Dysplastic changes

• Malignant with identification of specific type of malignancy

For the purpose of statistical analysis suspicious results were considered negative.

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Statistical analysis has been done using, sensitivity, specificity, accuracy, positive predictive value, and negative predictive value.

Results:

Table (1): Cytological diagnosis of sputum samples (prepared by , fresh smear , Saccomanno smear , and	
mailing container method)	

	Saccomanno met	Saccomanno method		container	Fresh smear	
			method			
	Number of patients	%	Number of patients	%	Number of patients	%
Benign	17	34	17	34	18	36
Squamous dysplasia	14	28	14	28	15	30
Suspicious	7	14	7	14	6	12
Malignant	12	24	12	24	12	24
Total	50	100	50	100	50	100

Table (2): Percentage of each type of lung cancer diagnosed by sputum cytology (by all methods) in 14 cases of lung cancer

Tumor type	Number	percentage	
Squamous cell carcinoma	11	78.57	
Adenocarcinoma	1	7.14	
Small cell carcinoma	2	14.28	
Total	14	100	

Table (3): Comparison between histopathological versus evtological diagnosis of lung cancer (all methods)

Type of malignancy	No. of cases diagnosed by histopathology	No. of cases diagnosed by cytology
Squamous cell carcinoma	14	11
Adenocarcinoma	7	1
Small cell carcinoma	3	2
Total	24	14

Table (4): Histopathological versus cytological diagnosis in 50 cases of sputum samples (prepared by mailing container method, Saccomanno method and fresh smear).

Methods	Benign	Suspicious for malignancy	Positive malignancy	for
Mailing container method	31	7	12	
Saccomanno method	31	7	12	
Fresh smear method	33	6	11	
Histopathological diagnosis	25	1	24	

Table (5): Statistical analysis of lung cancer (Mailing container method).

Accuracy	76%
Sensitivity	50%
Specificity	100%
Positive predictive value	100%
Negative predictive value	68.4%

Table(6): Statistical analysis of lung cancer (Saccomanno method). 76%

Accuracy

Sensitivity	50%
Specificity	100%
Positive predictive value	100%
Negative predictive value	68.4%

Table(7): Statistical analysis of lung cancer(fresh smear).

Accuracy	74%
Sensitivity	47%
Specificity	100%
Positive predictive value	100%
Negative predictive value	66.66%

Table(8): Comparison of the cytological diagnosis using fresh smear method with Saccomanno and mailing container method.

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No. of cases	Mailing container	Saccomanno method	Fresh smear diagnosis		
1 case	Squamous cell	Squamous cell	Suspicious		
	carcinoma	carcinoma			
1 case	Squamous cell	Squamous cell	Squamous dysplasia		
	carcinoma	carcinoma			
1 case	Suspicious	Suspicious	Small cell carcinoma		

Table(9): Number of sputum specimens in the diagnosis of 14 patients with lung cancer.

Specimen no. 1st diagnostic of cancer	No. patients	% of total patients with lung cancer
1	3	21,42
2	3	21,42
3	8	57,16

Discussion and conclusion:

Mailing container method is performed with specimens pooled over 3 days can be used in mass surveys, for example in high risk groups , with the subject pooling daily specimens and then mailing the material in the container provided to the examination center . In our work we have examine this procedure on the hospitalized patient , because patient return rate (for three days) was low for people attending the outpatient.

The Saccomanno technique remains as invaluable method of preserving and concentrating

sputum samples that cannot be processed fresh (in outpatient cases , or sputum cytology done for research purposes when the time between the collection of sputum samples and making a smear is prolonged) so preservation of sputum samples by using Saccomanno technique is essential

The following table shows the difference between mailing container method and Saccomanno method .

Table (10): comparison of mailing container method and Saccomanno.

	Mailing container	Saccomanno
Preservation	50% methyl alcohol ,1% thymol	50% ethyl alcohol ,carbowax
Mucin	Remains	Disappear
Cell adhesion	Good	Poor
Degree of degeneration	Less degeneration	More degeneration
No. of specimens examined per day/ examiner	30	10
Other features	Suitable for mass survey	Not suitable for mass survey

Regarding various histopathological types of lung cancer diagnosed by the three methods, the accuracy of the cytological diagnosis using Saccomanno smear was 76%, using mailing container method was 76%, and it was 74% by fresh smear method. So we can conclude that the accuracy of diagnosis of fresh smear is less than the other two methods, because the later two methods concentrate the material (in addition to preservation).

In this study from 24 cases of lung cancer proved by histopathology 14 cases were diagnosed by sputum cytology (by all methods) so the sensitivity of procedure was 58,33% and the specificity was 100%. This finding were comparable with other larger series which showed the sensitivity to rang from 27% to 69.1% and a specificity to rang from 89.7% to 99.99% (11-18).

Regarding various histological types of lung cancer diagnosed by the three methods, the number of cases of Squamous cell carcinoma diagnosed by mailing container method and Saccomanno smear were more than that diagnosed by fresh smear (11case diagnosed by mailing container and Saccomanno smears, while 10 cases diagnosed by fresh smear method).

The number of cases of adenocarcinoma diagnosed by all methods were similar from 7 cases diagnosed by histopathology, only one case diagnosed by all three methods).

The number of small cell carcinoma cases diagnosed by fresh smear is more than the number of cases diagnosed by the other two methods (1 case was diagnosed by mailing container method and Saccomanno method, while two cases were diagnosed by fresh smear), which is consistent with the results obtained by others. The low diagnostic rate of small cell carcinoma using mailing container method and Saccomanno method related to the very fragile tumor cells having a recognizable tendency to deformity during blending and prolong preservation.

From the results of this study and those obtained by others, Saccomanno technique and mailing container method are provided to be useful in fixation and preservation of sputum samples when delay in processing of these samples is anticipated. They also provide a concentrated samples representative of the entire specimen.

Mailing container method produce less artifact than Saccomanno method (because the samples not

blended), so these two technique have a good sensitivity and specificity and in conjunction with fresh smear may contribute to the diagnoses of non-small cell carcinoma (especially Squamous cell carcinoma).

References

1. Benbassat J, Regeu A, Slater PE: Predictive value of sputum cytology. Thorax 42: 165-172, 1987.

2. Erozan YS, Frost JK: Cytopathologic diagnosis of cancer pulmonary material:A critical histopathologic correlation. Acta Cytol 14: 560-565, 1970.

- 3. Johnston WW, Bossen EH: Ten years of respiratory cytopathology at Duke University Medical center. II.A comparison between cytopathology and histopathology in typing of lung cancer during the years 1970-1974. Acta Cytol 25:499-505, 1981.
- 4. .Pilot S, Rilke F, Gribaudi G, Revesi GL: Sputum cytology for the diagnosis of carcinoma of the lung. Acta Cytol 26: 649-654, 1982.

5. Rosa UW, Prolla JC, Gastal ED: Cytology in diagnosis of cancer affecting the lung: Results in 1000 consecutive patients Chest 63:203-207, 1973.

6. Saccomanno G: The contribution of uranium miners to lung cancer mutagenesis . Recent Results cancer Res. 82:43-52, 1982.

7. Risse EKJ. Van't Hof MA, Laurini RN, Vooijs PG: Sputum cytology by the saccomanno method in diagnosis lung malignancy. Diag Cytol 1: 286-291, 1985.

8. Perlman EJ:ErozanYS, Howdon A:The role of the saccomanno technique in sputum cytopathologic diagnosis of lung cancer. Am J Clin Pathol 91: 57-60, 1989.

9. Saccomanno G, Sanders RP, Ellis H, Archer VE, Wood BG, Becker PA: Concentration of carcinoma or atypical cells in sputum. Acta Cytol 7: 305-310, 1963.

10. Kato H, Konaka CH, Ono J, Takahashi M, Hayata:Cytology of the lung Technique and interpretaion . First edition, Igaku. Shoin Ltd., Tokyo, 1983.

- 11. Risse EKJ,Van't HofMA, Vooigs GP: Relationship between characterstics and the sputum cytologic diagnosis of lung cancer. Acta Cytol 31: 170-176, 1987.
- 12. Risse EKJ, Vooijs GP, Vant Hof MA: Relationship between the cellular composition of sputum and the cytologic diagnosis of lung cancer. Acta Cytol 31: 170-176, 1987.
- 13. Farber SM, Wood AD,Pharr SL, Pierson B: Significant cytologic findings in nonmalignant pulmonary disease. Dis Chest 31:1--\13, 1957.
- 14. Frost JK, G UPAT pk,Erozan YS, et. Al. : Pulmonary cytologic alterations in toxic environmental inhalation. Hum Pathol. 4: 521/553, 1973.
- 15. Koss LG: Diagnostic Cytology and Its Histopathologic Bases, 3rd ed. Philadelphia, JB Lippincott, 1979.
- 16. Koss LG, Richardson HL: Some Pitfalls of cytological diagnosis of lung cancer . cancer 8:937-947, 1955.
- 17. Tassoni EM: Pools of lymphocytes: Significance in pulmonary secretions. Acta Cytol 7: 168-173, 1963.
- 18. Johnston WW: The cytopathology of opportunistic infections of the respiratory tract. Lab Manage 19:43-49, 1981.