

Fine Needle Aspiration Cytology: Compatibility with Final Diagnosis and Complications

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Objective: The aim of this study is to assess the diagnostic result of FNAC and its compatibility with final diagnosis and complications.

Method: One hundred and ninety three referred for fine needle aspiration cytology between September 1996 to March 2000, out of which only 87 records were recovered and studied with reference to age, sex, site, repetition of aspiration, compatibility with final diagnosis and complications following the procedures.

Results: Eighty seven (45%) reports were studied. Seventy (80.5%) aspirations were done under CT guidance and 17 (19.5%) under US guidance. Fourteen aspirations under CT guidance were repeated, 13 were repeated once while one was repeated 3 times due to insufficient material. The commonest aspirated system was the chest (40 patients), followed by the liver 12, pancreas 9, vertebrae 7, long bones 5, kidney 4, neck 3, omentum 3, pelvis 2, psoas muscle 1, and breast 1. The yield for correct diagnostic pathology was 69%.

Conclusion: Image-guided fine needle aspiration has an essential role for establishing tissue diagnosis. In this study fine needle aspiration corresponded with the final diagnosis in 69% of patients. Few minor complications were encountered.