REFERENCES

- 1 Wong M, Yasufuku K, Nakajima T, *et al.* Endobronchial ultrasound: new insight for the diagnosis of sarcoidosis. *Eur Respir J* 2007; 29: 1182–1186.

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From the authors:

We would like to thank M.P. Kennedy and co-workers for appropriately highlighting the diversity of differential diagnosis of mediastinal and/or hilar lymphadenopathy. Real-time endobronchial ultrasound-guided transbronchial needle aspiration (EBUS-TBNA) in this category had been shown to be able to detect lymphoma, benign cyst, sarcoidosis and metastatic carcinoma in the thyroid, oesophagus and mesothelioma [1]. In our study [2], patients with suspected or known malignancy, or a previously established diagnosis of sarcoidosis, were excluded. A limitation of the study [2], which was stated in the discussion section, was the high pre-test probability (94%) of the disease in the study population, which could have led to bias in this high diagnostic yield. Both study centres in our trial are tertiary referral centres for EBUS-TBNA. Patients who were referred to us with clinical and radiological features that suggested sarcoidosis may, therefore, have had other underlying diagnoses already excluded before referral to our centres. This may explain the relatively high pre-test probability. Furthermore, the high pre-test probability is comparable to another large prospective study on the diagnosis of sarcoidosis, in which endoscopic ultrasound-guided fine-needle aspiration was able to identify 50 patients with a final diagnosis of sarcoidosis from the 51 recruited patients with suspected sarcoidosis [3].

M.P. Kennedy and co-workers also suggested that EBUS-TBNA is not required if sarcoidosis can be accurately identified by a combination of clinical and radiographical information. However, as discussed in our study [2], pathological specimens are crucial in substantiating a diagnosis of sarcoidosis and excluding other diagnoses, such as tuberculosis,

Hodgkin's lymphoma and malignancy, particularly when systemic steroids are contemplated [4].

Finally, we also feel that a prospective study investigating the added benefit of endobronchial ultrasound-guided transbronchial needle aspiration with transbronchial lung biopsy in a more heterogeneous population of patients with mediastinal lymphadenopathy is needed. The reason for not including transbronchial lung biopsy as part of the comparative procedure in the our study lies in the result of a previous study, which showed that endobronchial ultrasound-guided transbronchial needle aspiration is safe and has a good diagnostic yield, whereas transbronchial lung biopsy has been shown to have risks of pneumothorax and haemoptysis [1].

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STATEMENT OF INTEREST

None declared.

REFERENCES

- 1 Yasufuku K, Chiyo M, Sekine Y, *et al.* Real-time endobronchial ultrasound-guided transbronchial needle aspiration of mediastinal and hilar lymph nodes. *Chest* 2004; 126: 122–128.
- 2 Wong M, Yasufuku K, Nakajima T, *et al.* Endobronchial ultrasound: new insight for the diagnosis of sarcoidosis. *Eur Respir J* 2007; 29: 1182–1186.
- 3 Annema JT, Veselić M, Rabe KF. Endoscopic ultrasound-guided fine-needle aspiration for the diagnosis of sarcoidosis. *Eur Respir J* 2005; 25: 405–409.
- 4 Newman LS, Rose CS, Maier LA. Sarcoidosis. *N Engl J Med* 1997; 336: 1224–1234.

DOI: 10.1183/09031936.00061207