European Respiratory Society
Annual Congress 2012

Abstract Group: 1.4. Interventional Pulmonology
Keyword 1: Bronchoscopy **Keyword 2:** No keyword **Keyword 3:** No keyword

Title: Endobronchial ultrasonography: Initial experience at a reference center in South America

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Body: Introduction: minimally invasive diagnostic procedures as endobronchial ultrasound-transbronchial needle aspiration (EBUS-TBNA), have been incorporated to the diagnostic algorithm of mediastinal pathologies or lesions adjacent to the central airways. There are multiples publications on its diagnostic performance in Europe, North America and Asia, but not in South America. Objective: to report the initial experience in EBUS-TBNA in a reference center of South America. Patients and Methods: retrospective analysis of consecutive patients in whom EBUS-TBNA was performed for mediastinal and/or hiliar lesions or lesions adjacent to central airways, demonstrated by chest CT-scan. Demographic information, lesions number, localization, and size together with definitive diagnosis, and complications of the procedure, were registered. Sensitivity, specificity, predictive values and accuracy were calculated. Results: 129 lesions were punctured in 85 patients (47 males), mean age of 62.8 years (25-86). Stations 4R, 7, 10R and 4L were the most frequently sampled. 82% were lesions of 20mm or less. Lung cancer and metastatic disease were the most common diagnosis (62%). Sensitivity 91% (CI 95%: 84-96), specificity 100% (CI 95%: 82-100), positive predictive value 100% (CI 95%: 94-100), negative predictive value 72% (CI 95%: 53-86), accuracy 93%. No complications were reported. Conclusion: our series has demonstrated the usefulness of EBUS-TBNA for the diagnosis of madiastinal lymph nodes or lesions adjacent to the central airways, in a Latin American reference center. Our diagnostic accuracy has been in agreement with previously published results in centers of Europe, Asia, and Northamerica.