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Title: Performance of transbronchial needle aspiration (TBNA) of mediastinal lymphadenopathies in the diagnosis of pulmonary neoplasms

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Body: Objectives: To know the contribution of TBNA of mediastinal lymphadenopathies in the diagnosis of extension and anatomopathologic diagnosis of lung neoplasms. Methods: During 63 months (october 2006-december 2011) we made 184 fiberbronchoscopies (FB) with TBNA to patients with mediastinal lymphadenopathies suspected of neoplastic origin. We performed a "blind" TBNA of the lymphadenopathies larger than 1cm, using a 19 or 21ga needle, in the presence of the anatomopathologist. We took samples from the ganglionic stations 4R, 7, 10R, 11R and 11L. We take samples until we got a positive result or we did 3-4 perforations, depending on tolerance of the patient. We considered as positive samples which allowed to make a therapeutic decision and negative samples those reported as "carcinoma" without specifying the type, presence of "malignant" or "atypical cells". The non hospitalized patients were observed 3 hours after the procedure. Results: The TBNA was (+) for neoplasia in 122(66.3%) patients, giving the diagnosis of extension (N2). The average number of punctures per patient was 1.8; in 58 patients (59.7% of TBNA positives) only one puncture was required. In 41 cases (33.6%) was the only positive sample of FB, and gave the extension and pathological diagnosis. The only complications during FB were small hemorrhages. We did not detect significant clinical or radiological complications following the procedure. Conclusions: 1. TBNA of mediastinal adenopathies was useful in the extension diagnosis in 122(66.3%) of patients and resulted in diagnosis of lung cancer in 41(33.6%) patients. 2. TBNA was well tolerated and without significant complications.