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Title: Efficacy of endobronchial ultrasound-guided transbronchial needle aspiration for diagnosing sarcoidosis in intrathoracic lymphadenopathy

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Body: Background Endobronchial ultrasound-guided transbronchial needle aspiration (EBUS –TBNA) is a safe, effective and minimally invasive diagnostic tool in investigating intrathoracic lymphadenopathy. A previous meta-analysis found a diagnostic yield ranging from 54% to 93% (pooled diagnostic accuracy of 79%) in the detection of sarcoidosis. Objectives To evaluate the diagnostic yield of EBUS –TBNA in sarcoidosis performed in a single centre UK university teaching hospital. Methods We retrospectively analyzed patients who underwent EBUS-TBNA over a period of 3 years. We included patients with a final diagnosis of sarcoidosis who underwent EBUS-TBNA of intrathoracic lymphadenopathy and excluded patients with a final diagnoses of malignancy and tuberculosis. Results Between October 2009 and September 2012, 95 patients with a possible diagnosis of sarcoidosis who underwent EBUS-TBNA of intrathoracic lymphadenopathy were identified. Histopathological evidence of sarcoidosis or sarcoid like lymphadenopathy from EBUS-TBNA was identified in 73/95(76.8%); 22/95(23.2%) had normal or benign aspirate; 7/22 underwent further histological biopsy (6/7 confirmed diagnosis by cervical mediastinoscopy and 1/7 by video-assisted thoracoscopic surgery); 2/22 confirmed diagnosis by transbronchial biopsy and 1/22 by endobronchial biopsy; 12/22 were followed up in the clinic to determine the diagnosis. No significant complications reported. Conclusion Experience in our institution revealed a good diagnostic yield of 77%, which is consistent with the pooled accuracy of the recent meta-analysis and this is the largest data set published from a single centre in United Kingdom.