

European Respiratory Society Annual Congress 2012

Abstract Number: 5143

Publication Number: P282

Abstract Group: 1.4. Interventional Pulmonology

Keyword 1: Bronchoscopy **Keyword 2:** Lung cancer / Oncology **Keyword 3:** Surgery

Title: Using forceps biopsy during endobronchial ultra sound is feasible in routine practise?

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Body: Introduction: EBUS is becoming a gold standard in exploring mediastinum abnormality. Especially during a staging in lung cancer, big tissue become more necessary. Forceps biopsy have been used in biopsy of subcarinal masses with interesting results for lymphomas or sarcoidosis, without major complications. What happend in routine practise and using forceps for other mediastinal sites ? Material and methods: In the thoracic endoscopic unit of the hopital St Joseph (Marseille, France) during June 2011-decembre 2011, we used a pediatric forceps biopsy after each puncture by EBUS TBNA. 13 patients were analysed, 16 mediastinal sites (7, 4R, 10R, 11R, 12R, 4L, 11L) were biopsied (3 histological specimens) after using a 21 or 22G needle. All the procedures were doing under general anesthesia using a laryngeal mask. Results: The average diameter of lymph nodes was 15,3 mm. In only two samples, the results were non significant. Concerning cancerous results (50%), the forceps biopsy did not increase diagnostic yield versus TBNA (Slides or cytology). Biomarker analyses were possible for metastasis patients. In one case, sarcoidosis diagnosis was made only with forceps biopsy. There were no immediate complications. Conclusion: Using forceps biopsy during EBUS is feasible and safe. We can perform this procedure for the different sites of the mediastinum. The result doesn't show an increasing diagnostic value in lung cancer but could be interesting for lymphoma or non malignant disorders as sarcoidosis.