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**Title:** The role of endobronchial ultrasound guided biopsy in diagnosis of mediastinal/hilar lymphadenopathy in patients with extrathoracic malignancy

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**Body:** Accurate diagnosis of enlarged hilar/mediastinal lymph nodes is mandatory for adequate management of patients with known primary malignancy. We aimed to determine the sensitivity, specificity, accuracy of EBUS-TBNA for clarification of the nature of enlarged hilar/mediastinal lymph nodes in patients with known extrathoracic malignancy. Patients with extrathoracic malignancy who had undergone EBUS-TBNA for assessment of enlarged hilar/mediastinal lymph nodes in December 2008-September 2011 were reviewed. 48 patients who underwent EBUS-TBNA were included. Mean age of 12 male, 36 female patients was  $57.38 \pm 11.60$ . Malignancy was detected in 18(37.5%), tuberculosis in 6(12.5%), sarcoidosis in 4(8.3%), anthracosis in 2(4.2%), reactive adenitis in 18(37.5%). EBUS-TBNA was also found to offer an effective accurate and minimally invasive strategy for evaluating nonmalignant lesions of pathological hilar and mediastinal lymph nodes such as tuberculosis and sarcoidosis. The sensitivity and specificity of EBUS-TBNA for malignancy in patients with reference pathology was 83% and 100%, respectively. Negative predictive value for malignancy was 90%. Procedure-related complications were minor bleeding in 2, slight reversible desaturation in 1. When both benign and malignant diagnoses are considered sensitivity, specificity and negative predictive value were 88%, 100% and 88%, respectively. We conclude that EBUS is a safe, minimally invasive, inexpensive and accurate procedure for diagnosing mediastinal/hilar lymphadenopathy in patients with extrathoracic malignancy. Nevertheless, due to the possibility of underdiagnosis, an invasive technique is indicated when results are negative.