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Title: Additional diagnostic yield with the ultrasound bronchoscope for the transesophageal assess of mediastinal or paramediastinal lesions

Ms. Carmen 23381 Centeno carmencen@hotmail.com MD [1], Mr. Felipe 23382 Andreo fandreo@separ.es MD [1], Mr. Zoran 23383 Stojanovic carmencen@hotmail.com MD [1], Mr. Jose 23384 Sanz-Santos carmencen@hotmail.com MD [1], Mrs. Gloria 23385 Bonet carmencen@hotmail.com MD [1], Mrs. Eva 23386 Castella carmencen@hotmail.com MD [2], Mr. Pere 23387 Serra carmencen@hotmail.com MD [1], Mrs. Mariona 23393 Llatjos carmencen@hotmail.com MD [2] and Mr. Juan 23493 Ruiz Manzano carmencen@hotmail.com MD [1]. [1] Respiratory Department, Hospital Universitari Germans Trias I Pujol, Badalona, Barcelona, Spain and [2] Anatomy Department, Hospital Universitari Germans Trias I Pujol, Badalona, Barcelona, Spain .

Body: Objective: To evaluate the role of transesophageal endoscopic ultrasound with bronchoscope-guided fine-needle aspiration (EUS-B-FNA) in patients with mediastinal or paramediastinal lesions. Material and methods: Prospective study which included 279 consecutive patients (221 men; mean age 63, SD 13.08), referred to realize EBUS-TBNA, during a 20 months period. Cases that needed substituting or complementing the EBUS-TBNA for EUS-B-FNA were registered. In all the cases with previously realized EBUS-TBNA, cytological samples “in situ” were evaluated before realizing additional transesophageal exploration. Results: In 50 patients (17.9%) EUS-B-FNA was performed. In 4 cases indication for the procedure was completing the staging, in 9 cases was EBUS intolerance, 20 had inaccessible lesions or technical difficulties for EBUS-TBNA and 17 for being contraindicated or with high risk. A total of 77 lesions were punctured (range 4,2-48,9mm): 3 pulmonary left sided apical masses, 1 subaortic, 1 in the upper right lobe, 3 mediastinal masses, 1 pleural and 68 lymph nodes. In 26 cases (52%) additional diagnostic results were obtained (23 cytological and/or microbiological, 1 for immunohistochemistry and 2 molecular), which supposed 9.3% improvement compared to all of the realized procedures, and 17.3% (26/150) of diagnostic examinations. No complications were observed. Conclusions: The EUS-B-FNA is a feasible technique, which can be an alternative or complementary procedure and can improve the diagnostic yield. In our experience it was necessary in at less than one fifth of the cases. Project financed by SEPAR 2010 grant.