Abstract Group: 1.4. Interventional Pulmonology

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Title: Transbronchial needle aspiration: A tool for a community bronchoscopist

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Body: Conventional transbronchial needle aspiration (C-TBNA) has been proven to be a safe, minimally invasive, and cost-effective technique in establishing the diagnosis of mediastinal pathologies. We studied the success of C-TBNA in our community practice, in patients with mediastinal lymphadenopathies. The technique of C-TBNA was learned solely from the literature, videos, and by practicing on inanimate models during “hands-on” courses. Conventional TBNA, with 21- and/or 19-gauge Smooth Shot Needles, was performed on consecutive patients with undiagnosed mediastinal lymphadenopathy. Fifty-four patients (38 men), mean age 56.9±11.8 years, underwent C-TBNA. Thirty-three patients had nodes >20mm. The final diagnoses were malignancy, 29; sarcoidosis, 9; reactive lymph nodes, 15; and tuberculosis, 1. The final diagnosis was established by C-TBNA in 27. The exclusive diagnostic yield of TBNA was 42.5% (n: 23). Nodal size had an impact on outcome (P=0.002), whereas location did not (P=0.82). C-TBNA was positive in 22/34 when malignancy was suspected (yield 64.7%) and positive in 5/20 when benign diagnoses were also included in the differential (yield 25%) (P=0.005). The sensitivity, specificity, positive predicted value, negative predicted value, and diagnostic accuracy were 79.4%, 100%, 100%, 73% and 81.5%, respectively. C-TBNA can be successfully learned without formal training and can be easily applied in the community practice.