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Title: EBUS-TBNA in the diagnose of intrathoracic lymph nodes of patients with extratoracic malignancy

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Body: To evaluate the yield of EBUS-TBNA in the diagnose of intrathoracic lymph nodes of patients with extratoracic malignancy. Methods: 42 of 273 EBUS-TBNA done in the last four years corresponded to patients with extratoracic malignancy (EM). In 40 we previously knew the original neoplasia. We haven't include those patients with previous EM that finally were diagnosed of lung cancer. Results: The mean age was 64.7 years (36-81), 67% were men. The mean size on CT of the lymph nodes was 1. 29 cm (0.5-3.8). The average of punctures per patient was 6.02 (2-16), obtaining valid samples in 95% of cases. The average of valid sample in these patients was 4.07 (2-10).The final results of EBUS were

final diagnosis	n	%
malignancy	14	33.33
reactive adenitis	12	28.57
Sarcoid-like reaction	1	2.3
Negative false	2	4.6
No radiologic follow-up	3	7.1
No clinical follow due to chemotherapy postEBUS	8	19
No valid sample	2	4.6

-Two false negative cases were detected. Both of them were finally diagnosed of Lymphoma. In none of the two we previously knew the diagnosis. -33 of the 42 patients had prior PET/CT and all of them showed positive FDG uptake of these lymph nodes with a mean SUVmax of 4.2 (1.7-10.3). -EBUS-TBNA showed a sensibility of 87.5% and a NPV of 86.5 with 12.5% of false negative among patients we could to evaluate.

Conclusions: 1- EBUS is a useful tool in the diagnosis of mediastinal and hilar lymph nodes in patients with extrapulmonary malignancy cancer with a sensibility and NPV similar to those found in the staging of lung cancer. 2- EBUS is not useful in the diagnose of lymphoma with intrathoracic lymph node affected.