

# European Respiratory Society Annual Congress 2012

**Abstract Number:** 3754  
**Publication Number:** P280

**Abstract Group:** 1.4. Interventional Pulmonology

**Keyword 1:** Bronchoscopy **Keyword 2:** No keyword **Keyword 3:** No keyword

**Title:** Lymph node core retrieval comparison between 22 and 21 gauge EBUS-TBNA needle

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**Body:** Introduction: Yield of EBUS-TBNA depends upon the quality of aspirate/core obtained. Aim: Analysis of diagnostic yield of lymph node aspirate using 22 and 21 gauge EBUS-TBNA needle. Methods: A retrospective analysis was performed on 72 consecutive patients who underwent EBUS-TBNA. Of 72 patients first 44 patients underwent EBUS- TBNA using 22 gauge needle and subsequent 28 patients underwent EBUS-TBNA using 21 gauge needle. EBUS-TBNA was performed by single experienced interventional pulmonologist under sedation. By coincidence, since availability of 21 gauge needle suction is not being routinely applied for initial passes. Needle is moved back and forth without suction. Suction with provided syringe is applied only when adequate sample is not obtained. Samples obtained were sent: immersed in formalin, slides smears and solution for AFB culture & TB-PCR. Results: The total diagnostic yield of EBUS-TBNA was 59(81.9%).

Diagnostic yield

	EBUS- TBNA using 21 gauge needle	EBUS- TBNA using 22 gauge needle
Total patients	28	44
Histology core samples available	26(92.8%)	23(52.2%)
Histological opinion possible	19(67.8%)	10(22.7%)
Final diagnosis possible	21(75%)	35(79.5%)
Diagnosis on histology only	8(28.5%)	4(9%)
Diagnosis on cytology only	1(3.5%)	26(59%)

## Final Diagnosis based on EBUS-TBNA

Diagnosis	Total n(%)
Granulomatous Inflammation	39(54.1)
Non granulomatous Inflammation	3(4.1)
Malignancy	17(23.6)
Inconclusive	13(18)

Conclusion: Lymph node core retrieval appears to be better with less bloody aspirate using 21 gauge EBUS needle. Core retrieval might be helpful for further laboratory processing like for histopathology, IHC markers, gene mutation studies & AFB culture.