

European Respiratory Society Annual Congress 2012

Abstract Number: 4721

Publication Number: P291

Abstract Group: 1.4. Interventional Pulmonology

Keyword 1: Bronchoscopy **Keyword 2:** Lung cancer / Oncology **Keyword 3:** Neoplastic diseases

Title: Endobronchial ultrasound-guided transbronchial needle aspiration in the diagnosis of intrathoracic lymph node metastases from extrathoracic malignancy

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Body: AIM: The aim of our study was to evaluate the contribution of EBUS-TBNA for diagnosing mediastinal metastases in patients with extrathoracic malignancy that underwent EBUS-TBNA for intrathoracic lymphadenopathy. PATIENTS & METHODS: We retrospectively reviewed all patients with a concurrent or a previous diagnosis of extrathoracic malignancy who were referred for EBUS-TBNA for clinical suspicion for mediastinal and/or hilar nodal metastases. In cases where EBUS-TBNA findings were positive for malignancy they were assumed to be true-positives and no tissue confirmation was requested. Patients to whom results were not malignant and no other benign alternative diagnoses was established underwent surgical confirmation or follow-up. RESULTS: of 117 patients, 51 (43.5%) cases EBUS-TBNA revealed metastatic extrathoracic malignancy, 27 (23%) cases a primary thoracic malignancy and in 4 (3.4%) patients a benign diagnosis. In 35 were found normal lymph node, 14 (11.9%) underwent surgery. Other 21 (17.9%) patients who had normal lymph node underwent clinical and radiological follow-up: 13 (11.1%) confirmed stable or regressive lymphadenopathy and 8 (6.8%) patients developed radiological progression and were assumed to be false negative. The sensitivity and negative predictive value (NPV) for diagnosing thoracic nodal metastases from extrathoracic malignancy was 86.4% and 77.1% respectively. The overall accuracy was 86.3%. CONCLUSION: EBUS-TBNA is an accurate method for the diagnosis of thoracic nodal metastases from extrathoracic malignancy with a sensibility of 86.4%, a NPV of 77.1% and an overall accuracy of 86.3%.