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Title: Transbronchial node aspiration for intrathoracic lymphadenopathy

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Body: Background and objectives:Lymph node evaluation has been important for many years both regarding diagnosis and staging.This study was aimed at evaluating the diagnostic yield of transbronchial needle aspiration biopsy (TBNA) in patients with intrathoracic lymphadenopathy. Methods: Our understudy population included all patients suffering from undiagnosed intrathoracic lymphadenopathies (LAP)with no accompanying pulmonary lesions on chest CT scan who had referred to bronchoscopy unit of Masih Daneshvari Hospital. After determining the anatomic location of LAP ,patients underwent fiberoptic bronchoscopy (FOB) and TBNA using 19-gauge eXcelon aspiration needle.Four samples were taken from each patient from the same LAP location. Results: In this study 39 patients were evaluated.The most common anatomic location of LAP was the paratracheal area seen in 14 patients (45.2%),next was subcarinal area and also hilar area with 12 cases (38.7%) for each of them.Five patients (15.6%) had LAP in other anatomical locations.Evaluation of the aspirates obtained by TBNA showed that the sample was adequate and diagnostic in 21 patients (55.26%),adequate but non-diagnostic in 9 patients (23.68%) and inadequate in 8 cases (21.06%).Definite diagnosis was made in 22 patients among which the most common diagnosis was atypical and malignant lesions in 11 cases (50%) followed by sarcoidosis in 8 (36.36%),tuberculosis (TB) in 2 (9.09%) and other diagnoses in 1 (4.55%) case. Conclusion: Based on our study results,TBNA was diagnostic in more than half the cases.Various studies have reported a wide range of results in this respect but all of them including ours emphasize on the acceptable diagnostic yield of this technique.