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Title: Tuberculosis with mediastinal lymph node involvement: Current diagnostic techniques in clinical practice

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Body: INTRODUCTION:Analyse the use and diagnostic yield of the different current techniques employed in the diagnosis of patients with tuberculosis with mediastinal and/or hilar lymph node involvement. MATERIAL AND METHODS:Patients diagnosed with thoracic lymph node tuberculosis in two Spanish University Hospitals,were retrospectively analyzed.Were confirmed by microbiology and/or pathological examination after endobronchial ultrasound transbronchial needle aspiration(EBUS-TBNA)or trans-oesophageal endobronchial ultrasound-guided fine-needle aspiration(EUS-B-FNA), transtracheal needle aspiration using standard bronchoscopy (TTNA-SB)and/or mediastinoscopy. RESULTS:33 patients were included.Mean age was 47 years,11 immunosuppressed,and mainly Spanish population.58% have had prior clinical suspicion,tuberculin test,was positive in 68%(13/19)of cases,in 2 of them Quantiferon was performed and was positive.SB had been previously performed in 16 patients and bronchial aspirates were positive in 2 cases.TTNA-SB was performed in 1 case,EUS-B-FNA in 3 cases,EBUS-TBNA in 22 cases and mediastinoscopy in 12,7 of them without prior.Necrosis was observed in 17 cases(68%), granulomas in 14(56%),the smear of the aspirate was positive in 24% and culture in 47.6%.Endosonography was diagnostic of tuberculosis in 63.6% of cases. In two cases EBUS-TBNA was negative (8%),and it was necessary to perform mediastinoscopy. CONCLUSIONS:Ultrasound bronchoscope should be implemented in the routine diagnostic algorithm.In cases where there is a clinical suspicion, it is advisable to have the results of mycobacterial cultures before performing other more invasive techniques.