

European Respiratory Society Annual Congress 2012

Abstract Number: 183

Publication Number: P279

Abstract Group: 1.4. Interventional Pulmonology

Keyword 1: Bronchoscopy **Keyword 2:** Lung cancer / Oncology **Keyword 3:** No keyword

Title: Modified technique for endobronchial ultrasound-guided transbronchial needle sampling of the mediastinum

Mr. Pablo 1263 Sanchez pablosanchezsalcado@gmail.com MD ¹, Mr. Fredy 1264 Rodriguez fredy.rodriguez80@yahoo.com MD ², Mr. Juan 1265 Berto jberto@unav.es MD ¹, Ms. Maria 1266 Sanchez-Carpintero msabad@unav.es MD ¹, Dr. Juan Pablo 1267 de Torres jpdetorres@unav.es MD ¹, Dr. Ana Belen 1268 Alcaide abalcaide@unav.es MD ¹, Dr. Arantxa 1269 Campo acampoe@unav.es MD ¹, Dr. Luis 1270 Seijo lmseijo@unav.es MD ¹ and Dr. Javier 1271 Zulueta jzulueta@unav.es MD ¹. ¹ Pulmonology, Clinica Universidad de Navarra, Pamplona, Spain, 31008 and ² Neumología, Universidad Nacional de Colombia, Bogotá, Colombia .

Body: Background The endobronchial ultrasound-guided transbronchial needle aspiration (EBUS-TBNA) is a method of endoscopic diagnosis for study of mediastinal involvement. Fine needle capillarity sampling has been applied in other organs and not for transbronchial sampling. We present our results using capillarity sampling technique at our institution. Methods We included all patients undergoing EBUS exploration between January 1 to August 31 of 2011 in the Pulmonology Department at Clinica Universidad de Navarra in Pamplona, Spain. The samples were collected by capillarity (FNC). No suction was applied with the Vaclock syringe and the inner stylet was never completely removed, as dictated by the classical technique. Results Forty-four patients (75% male) were included in the study. EBUS exploration of the mediastinum identified lymphadenopathy or mediastinal masses in 38 patients (86,4%). More than one lymph node was sampled in 23 patients (52,3%). The analysis of samples reported that all punctures in Lymph nodes with the capillarity technique provided adequate and representative material for interpretation, with a diagnostic yield of 86.8%. The diagnostic sensitivity achieved with EBUS-FNC for adequate samples was 88%, and 84,1% considering all samples. Complications were reported in only two patients (4.5%).

Performance of EBUS-FNC with respect to site punctured

		EBUS-FNC diagnosis		
		Yes	No	Total
Lymph node	Yes	33	5	38
	No	4	2	6
Total		37	7	44

Conclusions Our study suggests that the modified technique (EBUS-FNC) is safe and comparable in terms of efficacy and sample adequacy to EBUS-TBNA yields. Furthermore, it is arguably simpler than the classical technique.