

Combination of elastography ultrasound with endobronchial ultrasound-guided transbronchial needle aspiration (EBUS-TBNA) in the diagnostic of intrathoracic lymphadenopathy.

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Background: Novel technique of elastography ultrasound demonstrated tissue stiffness representing benign or malignant in nature.

Objective: To assess the accuracy of elastography ultrasound combined with endobronchial ultrasound-guided transbronchial needle aspiration (EBUS-TBNA) in the diagnosis of intrathoracic lymphadenopathy.

Methods: Multicenter, cross sectional study was conducted in the patients who were sent for evaluation of intrathoracic lymphadenopathy (LN). EBUS elastography classified lymph nodes in 3 types according to the overall color: type 1, predominantly non blue (yellow and green); type 2, part blue-part non blue; and type 3, predominantly blue. The elastographic findings were compared with etiologies of LN.

Results: There were 53 lymph nodes from 36 patients who underwent EBUS-TBNA. The size of lymph node was 16.6 ± 6.7 mm. The final diagnosis included 35 malignant lymph nodes (66%) and 18 benign lymph nodes (34%). The diagnostic yield EBUS-TBNA was 77.4%. All of 12 type 1 LNs were proved to be benign diseases, while 33 of 37 type 3 LNs (89.2%) were finally diagnosed as malignancy. 4 LNs classified as type 2 were proved to be 2 benigns and 2 malignancies.

Conclusion: EBUS elastography is useful technique in real-time predicting benign or malignant in nature of the lymph nodes.

Keywords: Endobronchial ultrasound-guided transbronchial needle aspiration (EBUS-TBNA), elastography ultrasound, intrathoracic lymphadenopathy

สำเนาถูกต้อง

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