

CONVENTIONAL BRONCHOSCOPY TECHNIQUES STILL ARE AS EFFICIENT AS NEWER TECHNIQUES IN THE DIAGNOSIS OF SARCOIDOSIS

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We read with interest the study by Li et al. on the diagnostic role of endobronchial ultrasound-guided transbronchial needle aspiration (EBUS-TBNA) compared to conventional TBNA (cTBNA) in stage I and stage II sarcoidosis (1). The authors describe the yield of EBUS-TBNA to be significantly higher than cTBNA overall but was similar in the patients with lymph node station (4R and 7: group A) while it was higher in other lymph node stations (group B). While intuitive, that the yield was significantly higher in the other lymph node stations compared to stations 4R and 7, it would be of further interest to know the overall diagnostic yield of TBNA when combined with endobronchial biopsy (EBB) and transbronchial lung biopsy (TBLB).

In a recent trial comprising of 117 patients with stage I and stage II sarcoidosis, combining EBB and TBLB with cTBNA provided yields comparable to EBUS-TBNA (cTBNA: 53/62 [85.5%] vs. EBUS-TBNA: 51/55 [92.7%]; $p=0.34$) (2). In this study,

the diagnostic yield of EBUS-TBNA increased from 74.5% to 91% when combined with TBLB. Although the diagnostic yield of EBUS-TBNA alone is superior to cTBNA, this advantage is balanced if cTBNA is combined with EBB and TBLB.

In a real life scenario, sarcoidosis is generally associated with symmetrical mediastinal lymph node enlargement and the relevance of targeting other lymph node stations (2R, 2L, 4L, 11R, 11L and others) by cTBNA is not important especially when cTBNA is combined with EBB and TBLB. This is also reflected in the current study where the numbers of patients with other lymph node stations formed only a small subset.

This is an important point for centers that do not have the facility of EBUS-TBNA because the diagnosis of stage I and stage II sarcoidosis can be safely made in almost 86% of patients by cTBNA plus EBB and TBLB (3).

References

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