Endobronchial Ultrasound Guided Transbronchial Needle Aspiration in Korea

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In Korea, EBUS-TBNA has been used since 2005 and is currently available in 22 hospitals. EBUS-TBNA is usually performed under conscious sedation in Korea. The most common indication of EBUS-TBNA is the mediastinal staging of lung cancer. EBUS-TBNA was reported to have high diagnostic sensitivities in the mediastinal staging of lung cancer in Korean studies. EBUS-TBNA is useful for the diagnosis of PET-positive metastatic lymph nodes. EBUS-TBNA can diagnose some metastatic lymph nodes even in mediastinal PET-negative cases. In mediastinal staging, EBUS-TBNA is replacing mediastinoscopy in Korea. The second common indication of EBUS-TBNA is lung cancer diagnosis. For the diagnosis of lung cancer, primary tumors or lymph nodes that are highly suspicious for malignancy are targeted by EBUS-TBNA. EBUS-TBNA shows high diagnostic values in the diagnosis of lung cancer when the lesion is targetable by EBUS-TBNA. According to our experience, approximately 75% of aspirates by EBUS-TBNA contained tissue cores. Tissue cores are useful for immunohistochemical staining and biomarker studies. The use of EBUS-TBNA samples in biomarker studies is increasing. An EBUS-TBNA bronchoscope can be used for transesophageal needle aspiration (EUS-B-FNA). This technique was first introduced by a Korean study. EUS-B-FNA is useful when endoscopic ultrasound-guided fine needle aspiration (EUS-FNA) is deemed necessary following bronchoscopic procedures. Combining EBUS-TBNA and EUS-B-FNA may increase the diagnostic yield in mediastinal staging. Although the use of EBUS-TBNA increased, complications of EBUS-TBNA have not been addressed. We experienced infectious complications by EBUS-TBNA and other minor complications. Although EBUS-TBNA is a safe procedure with high diagnostic yields, understanding the risk of complications and careful procedures are necessary.