

Procedures

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SAFETY AND DIAGNOSTIC YIELD OF ECHOBRONCHOSCOPY-GUIDED TRANSVASCULAR PUNCTION

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PURPOSE: Endoscopic puncture techniques, both guided by echobronchoscopy (EBUS) and by echoendoscopy (EUS), are an essential tool for the diagnosis of pulmonary and mediastinal lesions and lung cancer staging. Adenopathies located in stations 5 and 6, and some parenchymal nodules, can be inaccessible with this technique and a surgical approach is often required. One of the possibilities to overcome this limitation is the Transvascular Needle Aspiration puncture (TVNA).

METHODS: We conducted a retrospective observational study of patients who underwent a TVNA in the course of usual clinical practice in our institution. Patient affiliation and clinical information, location of the target lesion, diagnosis by EBUS / EUS-TVNA, the final diagnosis, complications, the quality of the sample, and other data was collected.

RESULTS: We analyzed a total of 18 patients, mean age 64.5 years, 72.2% males, 28% was antiaggregated. The target lesion was a lymph node in 39% of cases. The most frequently crossed vessel (55%) was the left pulmonary artery or its branches; the most frequent location was station 5. The sample was adequate in 67% of cases, reaching a pathological diagnosis in 63.2% of the cases. In 39% of cases, the pathological diagnosis was only achieved with TVNA puncture. Two cases of mild self-limited bleeding were reported. There were no additional complications associated with the procedure.

CONCLUSIONS: According to our data, TVNA punction via EBUS or EUS is a safe procedure, without added complications, and with an acceptable diagnostic yield, avoiding much more aggressive approaches.

CLINICAL IMPLICATIONS: TVNA can be performed safely in high complexity centers and selected patients.

DISCLOSURE: No significant relationships.

KEYWORDS: Transvascular, TVNA, EBUS

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