00346 USEFULNESS OF EBUS-TBNA IN DISTINGUISHING SARCOIDOSIS FROM RECURRENT CANCER WITH LYMPHADENOPATHY AFTER SURGERY

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Area and Category(at submission):

[WCBIP] EBUS & EUS

Presentation Preference: Oral

Case Report: NO

Background: Endobronchial ultrasound-guided transbronchial needle aspiration (EBUS-TBNA) is a new minimally invasive test for investigating mediastinal and hilar lymphadenopathy. It is sometimes difficult to distinguish between a recurrent malignant lymph node and lymphadenopathy due to sarcoidosis in patients who develop lymphadenopathy after surgery for a malignant tumor.
Methods: Between December 2009 and November 2013 we performed EBUS-TBNA in 17 selected patients with a suspected recurrence in the mediastinum and/or hilum of the lung after surgical resection of a malignant tumor. We examined their medical records to obtain information concerning the diagnosis, the sizes of lymph nodes, the number of needle passes, and other complications.
Results: Definitive diagnoses were made using EBUS-TBNA in 13 patients (five lung adenocarcinomas, one breast cancer, one prostate carcinoma, one renal cell carcinoma, one neuroendocrine tumor, and four sarcoidosis). Pathological specimens showing non-caseating granulomas led to a diagnosis of sarcoidosis in four patients; their previous malignancies had been papillary adenocarcinoma of the thyroid, carcinoma of the gingiva, thymoma, and bladder cancer, but no recurrences were observed. The median of the longest diameter in 19 lymph nodes was 22 mm (range 13-35), and the median number of needle passes was 2 times (range 1-5) without severe complications.
Conclusion: EBUS-TBNA might be useful in differentiating between benign lymphadenopathy, including sarcoidosis, and cancer recurrence in patients with mediastinal or hilar lymphadenopathy after surgical resection of a malignant tumor.