支氣管鏡超音波用於縱膈腔病變的診斷

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Tissue acquisition of mediastinal lymph nodes is often essential for diagnostic purposes and in case of malignancy, for accurate staging. Before the development of direct real-time endobronchial ultrasound (EBUS)-guided transbronchial needle aspiration/biopsy (TBNA) using a convex probe, mediastinoscopy remained the "gold standard" for diagnosis of mediastinal lesions. Mediastinoscopy is invasive, requires general anesthesia and cannot be performed repeatedly. Therefore, several minimally invasive methods have been used for tissue sampling including conventional bronchoscopy with TBNA (Wang's needle) guided by fluoroscopy or EBUS radioprobe, but the yield varied widely. EBUS TBNA is not only a minimally invasive procedure that can be performed repeatedly, but also has higher sensitivity and specificity in specific lymph node stations. Mediastinoscopy had lower diagnostic yield in lymph node station 7, which was easily approached by EBUS-TBNA with very high sensitivity. EBUS TBNA is now the standard for diagnosis of mediastinal and hilar lymphadenopathy and should be considered in patients who have a high probability of lymph node metastases without systemic involvement. After one large randomized control trial compared surgical staging or combined EBUS-TBNA and transesophageal ultrasound fine needle aspiration (EUS-FNA] followed by surgical staging, EBUS-TBNA is now the first choice for mediastinal LN staging. EBUS has also been successfully used for the assessment of mediastinal tumor spread of patients with extra-thoracic neoplastic diseases and for the evaluation of mediastinal lymphadenopathy of unknown origin and especially for the diagnosis and differentiation of mediastinal granulomatous disease and malignant lymphoma.