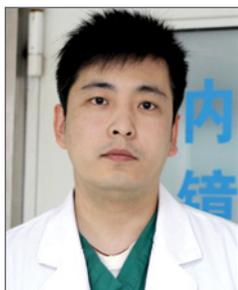


EBUS-TBNA for Lung Cancer Diagnosis and Staging



Qi Wu, MD
 Director of Endoscopy Center
 Peking University Cancer Hospital
 Beijing, China

"As an emerging new interventional diagnosing technology in endoscopy, EBUS-TBNA has become the NCCN recommended standard for lung cancer diagnosing and staging," according to Dr. Qi Wu, Director of Endoscopy Center Peking University Cancer Hospital.

"Compared to other invasive methods, it has obvious advantages, such as minimally invasive, easy to set up and operate, low complication rate, etc. But this new technology also raises higher requirements on operators' skills in endoscopy, EUS and rapid diagnosing on cytology and histology. So, the efficient and focused clinical training is very important for the EBUS-TBNA beginners. And the short-term training—including theory teaching, clinical observation, animal lab and hands-on training—can help the clinicians get necessary knowledge and operating skill for the future independent operation."

Below, Dr. Wu shares a recent case he performed with Cook Medical's EchoTip® Ultra EBUS needle. "The EchoTip Ultra EBUS needle has quite good ergonomic designs for convenient operating," says Dr. Wu, "and the needle tip displays clearly for assured safety in the procedure. With the EchoTip Ultra EBUS, the yield of cytological and histological sample is high! We look forward to the new EchoTip ProCore® EBUS to come to China soon."

Case Report

A 62-year-old patient was referred to our center with blood in the phlegm for one month and the CT scan showed a space-occupying lesion in the left lung. The symptom of fresh blood in phlegm had no obvious cause and the patient had not paid much attention to this until one week before coming to our hospital. Chest CT imaging showed nodules at the lower lobe basal segment of the left lung, measuring 20 x 15 mm, lymphadenopathy 25 x 20 mm at the hilum of the left lung.

A PET-CT revealed soft tissue nodules at the lower lobe of left lung with active metabolism and appearance of malignancy at the hilum of the left lung with hyper-metabolism and tendency of metastasis. Bronchoscopy showed mucosal hyperemia at the bronchia opening of the basal segment of the lower lobe of left lung, and no tumor cells were found after bronchial lavage of the lower lobe of left lung. We performed EBUS-TBNA and obtained favorable histology (Figure 1) and cytology (Figure 2-6) samples. The pathology study revealed a small-cell lung cancer (SCLC) malignancy. ■



Figure 1



Figure 2

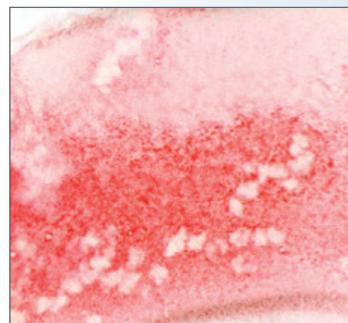


Figure 3

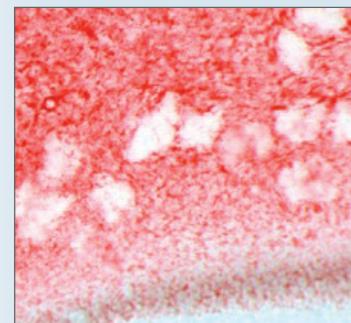


Figure 4

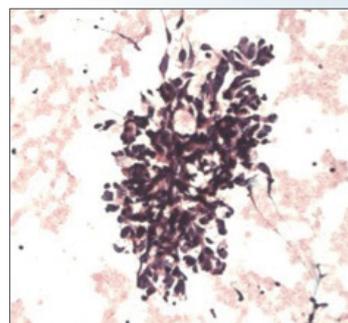


Figure 5

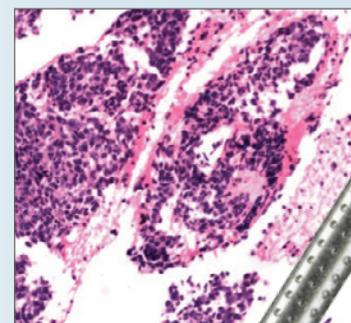


Figure 6

