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Letters to the Editor

Trans-Oesophageal Endobronchial Ultrasound-Guided Fine-Needle Aspiration (EUS-B-FNA)☆

Aspiración con aguja fina transesofágica bajo guía ecográfica endobronquial (EUS-B-FNA)

Dear Editor:

I have read with great interest the comments made by Franco and Monclou[1] regarding the use of the trans-oesophageal endobronchial ultrasound-guided fine-needle aspiration (EUS-B-FNA) technique. As an interventional pulmonologist, I completely support the use of this technique, whose use has received relatively little comment. We have previously reported some encouraging preliminary results in cases of accessible tuberculous mediastinal lymphadenopathy in a population with a high incidence, as well as in another 2 cases of malignant disease.[2] Extending its application to include taking samples of paraesophageal lung masses seems logical. The arguments in favour of the use of EUS-B-FNA are solid when it comes to reducing the investment of capital towards acquiring new, unnecessary, additional endoscopes and to obtaining access to the mediastinum in patients with poor lung function or refractory cough. The new advances made in the length, penetration and range of vision of EUS-B-FNA endoscopes will be beneficial, but this will require time. Meanwhile, Franco and Monclou[1] and other authors[2] have provided new data that, along with the existing data, demonstrate that this technique is useful even without any modifications.

Last of all, it will be necessary to establish methods for training in the EUS-B-FNA technique. Furthermore, there have been concerns about this new technique expressed by pulmonologists who use endoscopic ultrasound-guided fine-needle aspiration (EUS-FNA) that need to be addressed. These include vision limitations and the length of the EUS-B-FNA endoscope as well as the lack of standardization of its use.[3,4] More clarification on the role that EUS-B-FNA should play in interventional pulmonology training programs will help to overcome these concerns. Although it will not be relevant in centres with EUS-FNA, this technique and its potential benefits should be able to be adopted as an alternative to endobronchial ultrasound-guided transbronchial needle aspiration (EBUS-TBNA) in the right patients. New studies comparing EUS-B-FNA with EUS-TBNA and EUS-FNA are recommended in order to clarify this question.

References

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