Abstract

Background: Besides clarifying the etiology of unidentified lymphadenomegaly, puncturing hilar and mediastinal lymph nodes by a flexible bronchoscopic needle is an aid in diagnosing and staging broncho-genic cancer or other metastatic cancers. Objective: Our study had the principal objective to evaluate the positivity of transbronchial needle aspiration (TBNA). Method: We evaluated retrospectively the effectiveness of all TBNA done in 74 consecutive patients. Forty-nine patients were male and the median age was 59. We used Wangneedles, 21-gauge (Bard, USA), and the same technique described for different authors. Of the 74 patients evaluated, 11 (15%) showed mediastinal mass and 65 (85%) hilar mass. We observed 76 endoscopics abnormalities. Results: According to the classification of the specimens, we had 32/74 (43%) unsatisfactory specimens, 34/74 (46%) satisfactory and diagnostic specimens, and 8/74 (11%) satisfactory and non-diagnostic specimens. Thirty four (46%) of the examinations were found to be positive out of the total amount of specimens. Of the positive results, 30/34 specimens (88%) contained malignant disease. Small-cell carcinoma was the most frequent finding, with 10/34 cases (29%); squamous cell carcinoma 7/34 (21%); adenocarcinoma 7/34 (21%), non--small cell carcinoma 6/34 (17%); sarcoidosis 2/34 (6%) and tuberculosis 2/34 (6%). Conclusion: Our study indicated that this method is safe, easy to perform, with a minimum of complications and useful for the diagnosis and staging of pulmonary neoplasms.

Keywords
Lung cancer, cytology, staging, flexible bronchoscopy, lymph node metastases, transbronchial needle aspiration.