

CORRESPONDENCE

Conventional bronchoscopic techniques in sarcoidosis: not too far behind

We read with interest the review by Rintoul *et al*¹ wherein the authors have summarised the usefulness of linear endobronchial ultrasound (EBUS) in a lucid manner. In the section on 'Investigation of Suspected Sarcoidosis', the authors state that the diagnostic yield to detect granulomas using endosonography (80%) is significantly higher than bronchoscopy (53%) using transbronchial lung biopsy (TBB) and endobronchial biopsy (EBB) as demonstrated by the GRANULOMA trial.² This gives an impression that conventional bronchoscopy techniques are significantly inferior to endosonography in the diagnosis of sarcoidosis. However, a recent randomised controlled trial presents evidence contrary to this notion.³ The trial compared the diagnostic yield of routine bronchoscopy techniques (conventional transbronchial needle aspiration (TBNA) plus EBB and TBB) with EBUS-TBNA (combined with EBB and TBB). The yield of EBUS-TBNA (74.5%) was significantly better than conventional TBNA (48.4%, $p=0.004$) in this study. However, when

conventional TBNA was combined with EBB and TBB, the yield (85.5%) was not significantly different as compared with EBUS-TBNA with EBB and TBB (92.7%, $p=0.34$).³ Thus, it is useful to have linear EBUS in one's armamentarium, but the bronchoscopist can achieve similar results with conventional bronchoscopic techniques in the diagnosis of sarcoidosis.⁴ This is in stark contrast to the situation in lung cancer staging where conventional TBNA (pooled sensitivity=39%) cannot match EBUS-TBNA (pooled sensitivity=88%) in terms of sensitivity.^{5,6}

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