Conventional bronchoscopic techniques in sarcoidosis: not too far behind

We read with interest the review by Rintoul et al1 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

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