CORRESPONDENCE

Response to: 'Conventional bronchoscopic techniques in sarcoidosis: not too far behind' by Dhooria et al

We thank Dhooria et al1 for their complimentary comments on our review article about linear endobronchial ultrasound.2 We congratulate them on their carefully performed randomised controlled trial comparing endobronchial ultrasound-guided transbronchial needle aspiration (EBUS-TBNA) in conjunction with transbronchial lung biopsies (TBLB) and endobronchial biopsies (EBB) with conventional non-ultrasound-guided transbronchial needle aspiration (cTBNA) in conjunction with TBLB and EBB for the diagnosis of sarcoidosis.3 In this study, they showed that with TBLB and EBB for the diagnosis of sarcoidosis, further carefully designed comparative studies are warranted and these would benefit further from having a cost-effectiveness component.

Although it seems likely that EBUS-TBNA±TBLB will become the standard of care for investigating pulmonary sarcoidosis, further carefully designed comparative studies are warranted and these would benefit further from having a cost-effectiveness component.

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REFERENCES