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| **The use of oesophageal endoscopic ultrasound and fine needle aspiration: An Australian tertiary centre’s experience** |
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| **Introduction/Aim:** International guidelines now recommend the use of endobronchial ultrasound (EBUS) and endoscopic ultrasound with bronchoscopy (EUS-B) in a single setting for diagnosis and staging of lung cancer.1, 2 There are no Australian guidelines and only minimal data from Australian centres regarding EUS-B. We describe our experience of all EUS-B and/or EBUS procedures over a 7-year period.  **Methods:** Adult patients at John Hunter Hospital and Calvary Mater Hospital who underwent EBUS or EUS-B between 2016 and 2022 were included. Data was obtained from medical records and an existing procedural database. Overall yield is calculated as lymphocytes present + benign diagnosis + malignant diagnosis / total number of procedures. Malignant yield is defined as malignant diagnosis / total number of procedure.  **Results:** 1568 patients (688 female) had an EBUS and/or EUS-B (EBUS: 1272, EUS-B: 262, EBUS + EUS-B: 34). Diagnostic yield for EBUS was 0.96, EUS-B 0.93, EBUS + EUS-B: 0.86. Procedures for suspected lung cancer with mediastinal adenopathy (Total = 948. EBUS: 750, EUS-B: 168, EBUS + EUS-B: 34) the malignant yield for EBUS, EUS-B, EBUS + EUS-B was: 0.70, 0.82, 0.35 respectably.  Overall mean procedure duration, fentanyl and midazolam requirements for EBUS was: 24.1 ± 0.48 minutes, 96.5 ± 2.20 mcg, 4.14 +/- 0.21 mg and EUS-B: 21.1 ± 1.04 minutes, 76.8 ± 4.23 mcg, 3.27 ± 0.16 mg respectably. Mean node size sampled by EBUS was 22.0 ± 0.49 mm and EUS-B is 33.0 ± 0.49 mm. There were 2 major infectious complications for both EBUS and EUS-B, and nil since the initiation of prophylactic antibiotics.  **Conclusion:** EUS-B has similar procedural time, sedation requirements and yield compared to EBUS.  **Key Words:** Endoscopic Ultrasound with Bronchoscopy; EUS-B, EBUS  **Grant Support: Nil** |