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| **Transoesophageal approach to lung and adrenal gland biopsy using endoscopic ultrasonography; A single Centre experience** |
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| **Introduction/Aim:**  Endoscopic ultrasonography (EUS) is a complementary tool to endobronchial ultrasound (EBUS) for diagnosis and staging of lung cancer. It can be performed with an EBUS bronchoscope (EUS-B) and allows biopsy of peri-oesophageal lesions, sub-diaphragmatic lymph nodes and adrenal glands. We present our experience of EUS-B by respiratory physicians for biopsy of lung lesions and left adrenal glands (LAG) looking at its diagnostic yield and safety.  **Methods:**  Retrospective review of consecutive EUS-B guided biopsies performed between April 2022 and May 2023. Lesion characteristics, pathological diagnosis, and complications (if any) were recorded.  **Results:**  EUS-B was used to biopsy 14 lung lesions, 57% in the left upper lobe. The median (IQR) size of lesions on computed tomography was 49.5mm (60.8 - 39.8). Eight lesions (57%) were inaccessible with linear EBUS and one patient had a non-diagnostic result on EBUS necessitating subsequent EUS-B. Twelve out of 14 patients (86%) had a diagnostic result on final pathology. One lesion was not identified on transoesophageal ultrasound, and one had a non-diagnostic result.  Five diagnostic LAG biopsies were performed with one lesion not identified on ultrasound giving a diagnostic yield of 83%. Lesion size ranged from 16mm to 39mm. No immediate complications occurred from the 20 procedures.  **Conclusion:**  EUS-B guided lung and LAG biopsy performed by trained respiratory physicians is safe, allows biopsy of lesions inaccessible by bronchoscopy and increases the accuracy of diagnosis and staging of lung cancer. Our findings further support that EUS-B should be integrated into standard practice.  **Grant Support:** Nil      **Grant Support:** |