

5.04 Flexible Bronchoscopy and Endobronchial Ultrasound (EBUS) – Review of a single centre experience

¹Helen Close, ¹Therese Scullion

¹Altnagelvin Hospital, Derry, United Kingdom

Background Bronchoscopy is essential in evaluating suspected lung cancer. EBUS is another primary diagnostic tool, facilitating cancer diagnosis, staging and identifying causes of intrathoracic lymphadenopathy. Robust audit is vital for ensuring safe and effective diagnostic practices. **Methods**

Retrospective data from a single respiratory centre collected from June 2023 - June 2024 compared to national standards by British Thoracic Society (BTS).¹ Standards; the safe use of flexible bronchoscopy, diagnostic accuracy of endobronchial biopsy (>85%), and diagnostic sensitivity for EBUS-TBNA (>88%). **Results** Total of 98 bronchoscopies and 136 EBUS. More cancer diagnoses made via EBUS-TBNA than endobronchial biopsy. 60% diagnoses made via endobronchial biopsy were small cell carcinoma. 24% of EBUS-TBNA showed granuloma, thus essential in diagnoses of sarcoidosis. Our data aligned with BTS standards;

1. No serious adverse events (0%)
2. Visible endobronchial lesions in 10% of Bronchoscopy performed; 90% diagnostic rate.
3. EBUS-TBNA diagnostic sensitivity ; 92%.

Conclusion Our practice aligns with BTS standards, ensuring high diagnostic accuracy and patient safety. EBUS has key role in diagnosis of cancer and non-malignant causes of intra-thoracic lymphadenopathy.

Conflict of Interest: The authors declare that they have no conflict of interest.

References:

1. British Thoracic Society. Quality Standards for Diagnostic Flexible Bronchoscopy in Adults. 2014. Available online: [file:///altgraclusfr1/UserProfiles\\$/Therese.Scullion/Downloads/BTS%20Quality%20Standards%20for%20Flexible%20Bronchoscopy%202014%20\(2\).pdf](file:///altgraclusfr1/UserProfiles$/Therese.Scullion/Downloads/BTS%20Quality%20Standards%20for%20Flexible%20Bronchoscopy%202014%20(2).pdf)