

## Bronchoscopic Characterization of Lesions and Use of Technique Accordingly During Bronchoscopy

Dear Editor,

We read the publication on “Characterization of Lesions: Significant impact on lung cancer diagnosis with use of transbronchial needle aspiration (TBNA) in comparison to conventional diagnostic techniques,” with a great interest.<sup>[1]</sup> Patil and Rujuta concluded that “Bronchoscopic characterization of lesions and use of technique accordingly during bronchoscopy has a significant outcome in the form of yield; also, it will decrease the need for repeat bronchoscopy.” In fact, use of any additional diagnostic procedure can increase the diagnostic property. Nevertheless, there are some issues for consideration. First, there is a cost of additional procedure. The cost-effectiveness should be evaluated. Second, an additional procedure implies a longer medical procedure. There might be an increased possibility of complication in a more complex procedure. The possible important complications due to additional TBNA are mediastinitis and pneumothorax.<sup>[2,3]</sup> A dysfunction of the forceps steering during TBNA is a common pitfall during TBNA procedure that can lead to complications.<sup>[4]</sup> In case with a very long TBNA procedure, jaw dislocation is a possible unwanted complication.<sup>[5]</sup> According to a recent report by Oki *et al.*, it requires several passes to get adequate diagnostic materials; hence, there is a high chance of failure of procedure.<sup>[6]</sup> In conclusion, TBNA might be useful in diagnosis, but there are many considerations on the technique. The study on the cost-effectiveness is required and there is a need to perform further comparative risk and benefit analysis. To increase the efficacy of TBNA, the use of additional real-time endobronchial ultrasound guidance is proven useful.<sup>[7]</sup>

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### Conflicts of interest

There are no conflicts of interest.

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