Piece Of Cartilage Detected In A Lymph Node Introduced By EBUS-TBNA

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In the last years, the endoscopic units introduce the ultrasonic bronchofibrescope with a convex probe that allows for real-time needle aspiration of mediastinal and hilar lymph nodes guided by ultrasound images \(^1\). This technique, known as real-time EBUS–TBNA, is minimally invasive and has the potential to replace mediastinoscopy, since it enables the same part of the mediastinum to be accessed \(^2\).

In some models of needle for EBUS-TBNA it’s necessary to remove the metallic stylet to facilitate the puncture through the tracheal or bronchial wall. The round stylet knob is withdrawn a few millimeters in order to expose the sharp needle tip. If not slightly withdrawn, the needle tip will be filled with the blunt stylet and will not allow easy penetration through the bronchial wall. Sometimes, this fact involves dragging some cartilage fragment that entrusts inside the lymph node. For this reason, it is advised to
redirect the needle in order to avoid the aspiration of some cartilage fragment in the same position in front of the needle.

We report this case that two weeks after submitting the patient to the puncture by EBUS-TBNA, the lymph node biopsy (in this case, the lower right paratracheal node) obtained by lymphadenectomy demonstrates the presence of anthracotic pigment in macrophages and two fragments of cartilage inside, as shown in the pathology image (HEOS 10x).

REFERENCES:
