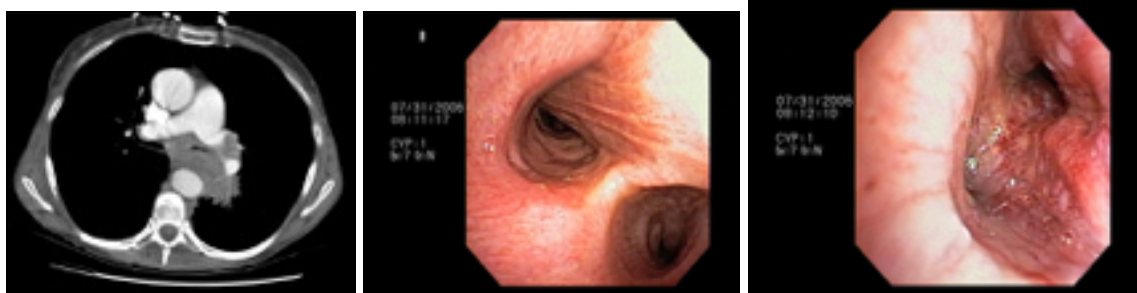




Clinical case 4: Flexible Bronchoscopy with Transbronchial needle aspiration of left sided mediastinal mass

DD is a 70 year old female, with severe emphysema admitted with COPD exacerbation. She has no allergies. Physical examination revealed decreased breath sounds on the left, with diffuse expiratory wheezing. The patient lives alone and has no family. Chest radiograph revealed large mediastinal mass. CT scan showed extrinsic mass with extrinsic compression of the distal left main bronchus. Bronchoscopy showed widened carina, narrowing of the mid and distal left main bronchus and abnormal infiltrated mucosa at the spur between the lingula and left lower lobe bronchus (LC2). During bronchoscopy, transbronchial needle aspiration was performed through the posterior wall of the mid-distal left main bronchus at the area of the mediastinal mass. On-site cytology was positive for small cell lung cancer.



After addressing items of the four boxes, please consider the following:

1. What are the advantages of performing TBNA versus brushing and endobronchial biopsy of this abnormal airway?
2. As it applies to this case, what are some of the potential dangers of transbronchial needle aspiration through the posterior wall of the mid-distal left main bronchus? How would you have approached this case?