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Altri autori (Persone)	MehtaAtul JainPrasoon
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Nota di contenuto	Preface; Contents; Contributors; Part I: Introduction; 1: Interventional Pulmonology: Current Status and Future Direction; Introduction; Definition of Interventional Pulmonology; The Development of Interventional Pulmonology; The Pioneers; Interventional Pulmonology Through the Decades; 1980s; 1990s; 2000s; Training in Interventional Pulmonology; Current Status of Interventional Pulmonology; The Future of Interventional Pulmonology; References; 2: Transbronchial Lung Biopsy; Introduction; Technique; Patient Evaluation; Radiologic Investigations; Biopsy Forceps; Fluoroscopic Guidance Biopsy TechniqueNumber of Biopsy Specimens; Post-biopsy Fluoroscopy; Specimen Handling; Quality of Biopsy Specimen; Clinical Applications of TBB; Lung Cancer; Lung Infections; Non-resolving Pneumonia; Tuberculosis; Non-tubercular Mycobacteria; Fungal Infections; Infections in Immunocompromised Hosts (Non-HIV); Infections in HIV-Infected Patients; Lung Transplantation; TBB in Mechanically Ventilated Patients; Diffuse Lung Diseases; Sarcoidosis; Pulmonary Langerhans' Cell Histiocytosis; Lymphangioleiomyomatosis; Cryptogenic Organizing Pneumonia; Hypersensitivity Pneumonitis; Others

Limitations of Transbronchial Lung Biopsy; Low Yield in Diffuse Lung Diseases; Low Yield in Solitary Lung Nodule; Complications of Transbronchial Biopsies; Conclusions; References; 3: Transbronchial Needle Aspiration; Introduction; Technique; Chest Computed Tomography; TBNA Needles; Planning; Procedure; Number of Passes; Specimen Collection and Interpretation; Factors Associated with Positive Results; Complications; Clinical Applications; Staging of Lung Cancer; Restaging of Lung Cancer; Diagnosis of Lung Cancer; Sarcoidosis; Tuberculosis; Limitations and Controversies; "Blind Technique" Low Yield from Small Lymph Nodes; Other Misconceptions; Histology Versus Cytology Specimen; Rapid On-Site Evaluation; Endobronchial Needle Aspiration; Technique; Clinical Applications; Limitations; Peripheral Transbronchial Needle Aspiration; Technique; Clinical Applications; Limitations of P-TBNA; Current Status of TBNA; References; Part II: Diagnostic Interventional Bronchoscopy; 4: Radial Probe Endobronchial Ultrasound; Introduction; Scientific Basis; Ultrasound; Production of Ultrasound Images; Depth Penetration; Clinical Applications; Procedure; Balloon Probes for Central Lesions; Equipment; Preparation of the Balloon Probe; Performing EBUS Using a Balloon Probe; EBUS for Peripheral Lesions; Analysis of the Internal Structures of Peripheral Pulmonary Lesions; Endobronchial Ultrasound with a Guide Sheath for Biopsy of Peripheral Lesions; Equipment; Preparation for EBUS-GS; Performing EBUS-GS; Diagnostic Yield; Tips for Successful EBUS-GS; Advantages of EBUS-GS Technique; How to Identify the Bronchus Leading to the Target Lesion; Using CT Imaging; Using Navigation Systems; Future Directions; Conclusions; References; 5: EBUS-TBNA Bronchoscopy; Introduction; Options for Mediastinal Sampling

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## Sommario/riassunto

The field of interventional bronchoscopy is rapidly expanding and has emerged as a new and exciting subspecialty in pulmonary medicine. To date, the impact of interventional bronchoscopy procedures has been felt in diagnosis, staging, and management of lung cancer, the most lethal cancer worldwide. *Interventional Bronchoscopy: A Clinical Guide* provides a state-of-the-art description of interventional bronchoscopy procedures, addressing the scientific basis, indications, techniques, results, complications, and cost issues. Chapters address the current status, the advantages of new techniques and, most importantly, when to choose new techniques over the existing techniques. Each chapter will discuss the future of these procedures. *Interventional Bronchoscopy: A Clinical Guide* is an essential resource for a successful interventional pulmonology service and will be useful for the bronchoscopist, anesthesiologist, radiologist, thoracic surgeon and oncologist as well as practicing pulmonologists who do not perform these procedures but have to make decisions regarding appropriate referral of their patients to advanced airway centers.

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