

## Early View

Research letter

# EUS-B-FNA for diagnosis of coeliac lymphadenopathy

Manu Juneja, Louis P. Irving, Daniel P. Steinfort

Please cite this article as: Juneja M, Irving LP, Steinfort DP. EUS-B-FNA for diagnosis of coeliac lymphadenopathy. *ERJ Open Res* 2021; in press (<https://doi.org/10.1183/23120541.00532-2020>).

This manuscript has recently been accepted for publication in the *ERJ Open Research*. It is published here in its accepted form prior to copyediting and typesetting by our production team. After these production processes are complete and the authors have approved the resulting proofs, the article will move to the latest issue of the ERJOR online.

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***EUS-B-FNA for diagnosis of coeliac lymphadenopathy***

Manu Juneja<sup>1\*</sup>, Louis P. Irving<sup>1,2</sup>, Daniel P. Steinfort<sup>1,2</sup>

<sup>1</sup> Department of Respiratory and Sleep Medicine, Royal Melbourne Hospital, Melbourne,  
Victoria, Australia

<sup>2</sup> Department of Medicine, University of Melbourne, Parkville, Victoria, Australia

\*Corresponding Author

Dr Manu Juneja

Department of Respiratory Medicine

Royal Melbourne Hospital

300 Grattan St, Parkville, 3050

Melbourne, Victoria, Australia

Tel: 03 9342 7000

Fax: 03 9342 8493

E-mail: [manu.juneja@mh.org.au](mailto:manu.juneja@mh.org.au)

## **Funding sources**

There was no specific funding for this research.

## **Author contributions**

M.J. and D.P.S. wrote the manuscript. L.P.I. reviewed the manuscript. D.P.S. performed the procedure.

## ***To the Editor:***

Endoscopic transesophageal fine-needle aspiration with convex probe bronchoscope (EUS-B-FNA) is a complementary technique to endobronchial ultrasound-guided transbronchial needle aspiration (EBUS-TBNA) for staging of mediastinal lymph nodes [1]. The safety and feasibility of EUS-B-FNA for sampling pulmonary parenchymal lesions and adrenal lesions, has been reported [2, 3]. Recent literature also suggest a role for EUS-B-FNA in the diagnosis of infective lymphadenitis [4]. Here we present two cases of successful sampling of coeliac lymph nodes to further extend the utility of EUS-B-FNA in the assessment of patients with suspected or confirmed lung cancer. Localisation of nodes during the procedure did not involve fluoroscopy and relied upon linear EBUS guidance. Sampling was successfully performed with a 22G TBNA needle.

## **Case 1**

A 79-year-old female was referred for assessment after computed tomography (CT) of the chest revealed a 9mm left upper lobe (LUL) spiculated nodule. Positron emission tomography (PET) demonstrated increased fluoro-deoxyglucose (FDG) avidity in the LUL nodule, as well as in subcarinal and coeliac axis lymph nodes (Fig 1a). SampThe procedure

was uncomplicated and both subcarina and coeliac axis lymph nodes confirmed adenocarcinoma.

## **Case 2**

An 18-year-old female with a past history of nodular sclerosing Hodgkin lymphoma (HL) underwent surveillance PET which demonstrated mild FDG avidity in subcarina and extensive uptake in intra-abdominal lymph nodes (Fig 1b). Linear EBUS demonstrated only mildly enlarged rounded lymph nodes at left carina, corresponding with the site of FDG-avidity, and lymph nodes were visualised in para-aortic region (Fig. 1c). Sampling was uncomplicated and confirmed recurrent HL.

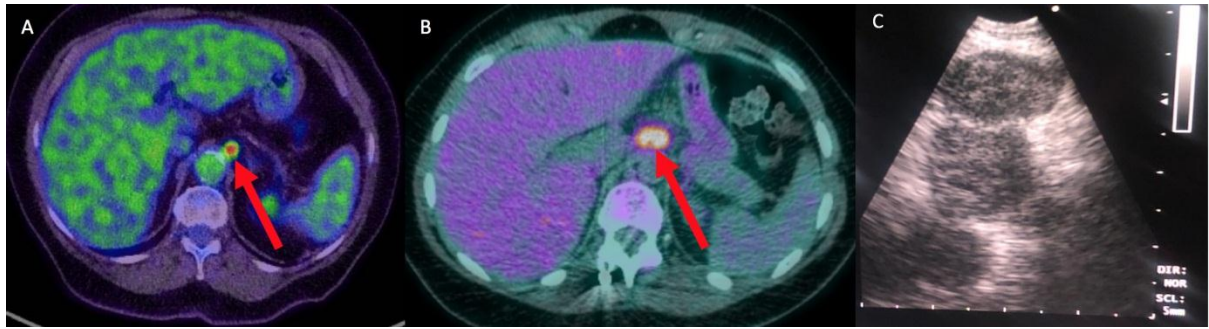
## **Discussion**

Endoscopic ultrasound (EUS) is an established and reliable method of detecting coeliac lymph node metastases [5, 6]. Our experience demonstrates the safety and feasibility of coeliac axis lymph node sampling via EUS-B-FNA, confirming the sole prior report describing EUS-B-FNA for accurate sampling of coeliac lymph nodes [7]. It also further supports the clear utility of EUS-B-FNA in extending the capacity of pulmonologists to sample suspicious lesions in patients with suspected or known malignancy. This supports the greater uptake of the procedure among interventional pulmonologists, where safe performance of EUS-B-FNA has been demonstrated [8]. These two cases further reinforce EUS-B-FNA as a feasible and accurate technique for diagnosis of extrathoracic lesions.

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PET scan illustrating FDG-avid coeliac lymph node for case 1 (a) and 2 (b). Para-aortic lymph nodes visualised by EUS-B-FNA (c).