



中國醫藥大學附設醫院
China Medical University Hospital

Radial probe-EBUS and EBUS-GS and 簡介及操作介紹

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中國醫藥大學附設醫院
胸腔內科



Outlines

Introduction of EBUS

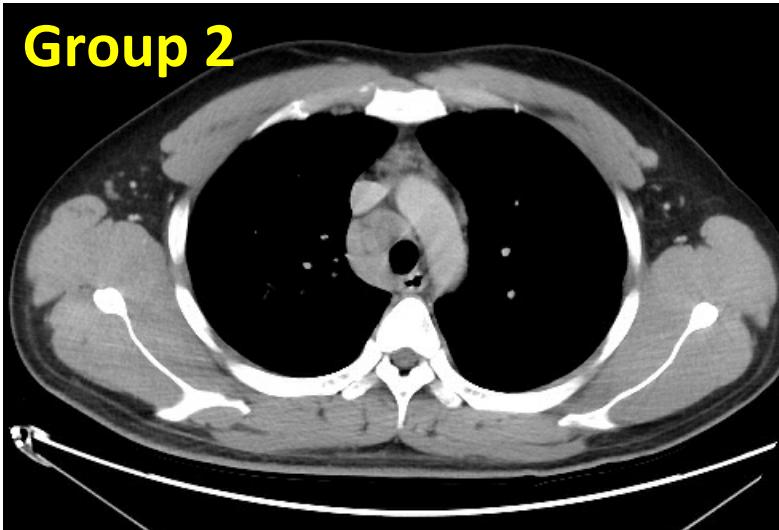
EBUS 簡介

EBUS and EBUS-GS 操作簡介

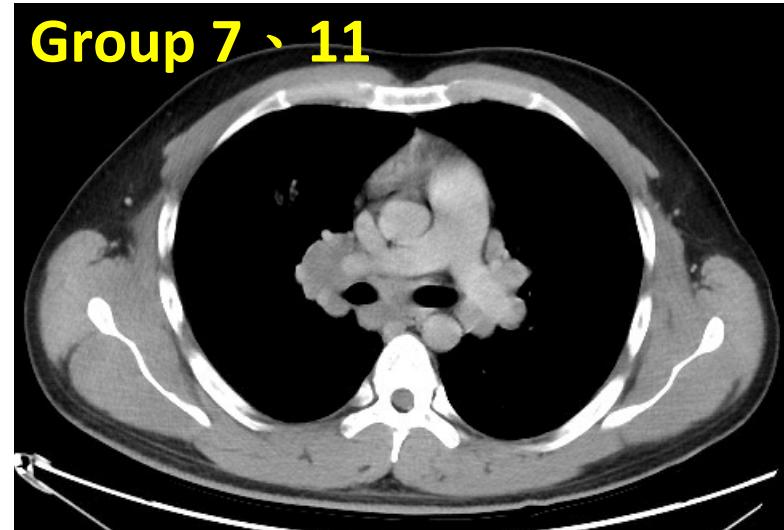


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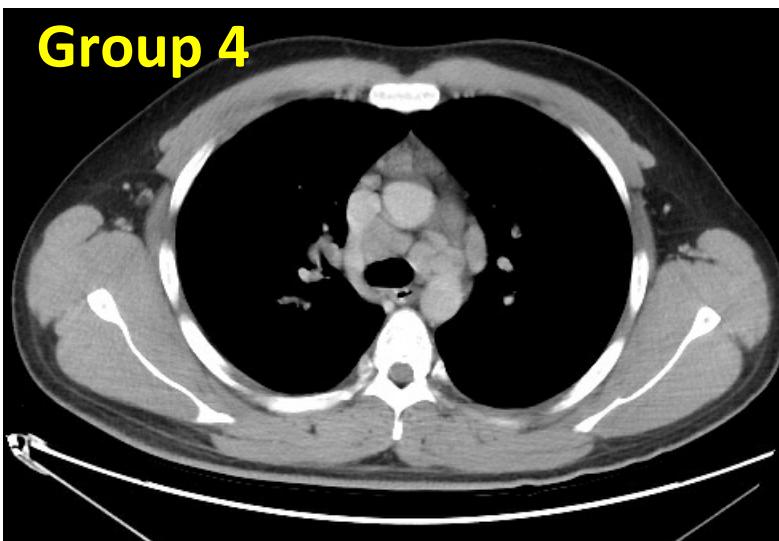
Group 2



Group 7、11



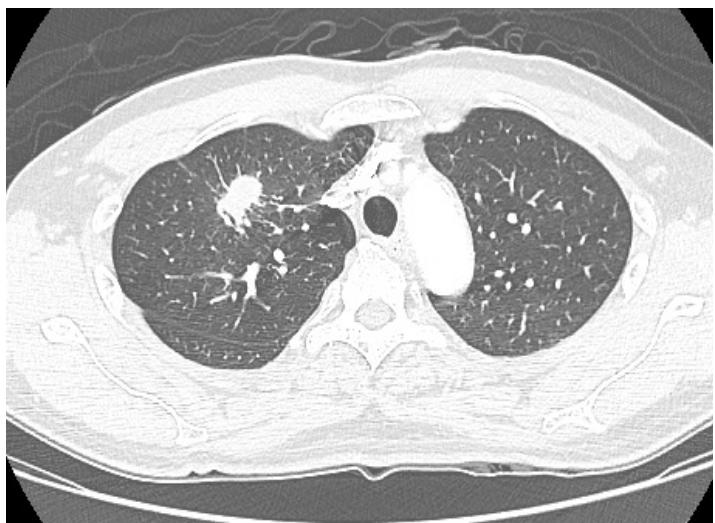
Group 4



EBUS-TBNA



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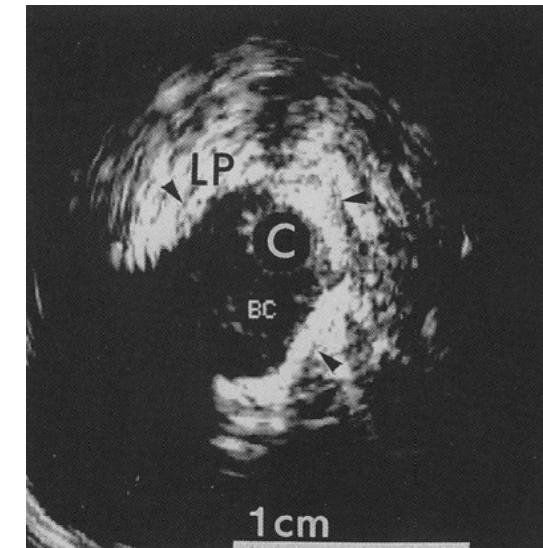
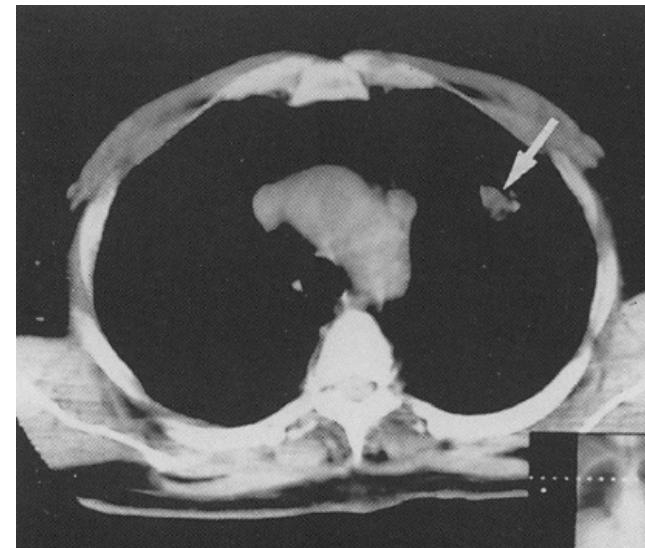
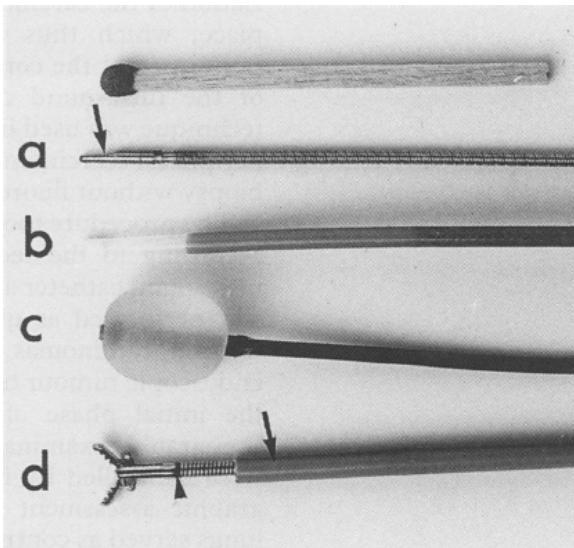
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New techniques

Editor: P M A Calverley

Endobronchial sonography: feasibility and preliminary results

Hurter T, Hanrath P. Thorax. **1992**;47:565



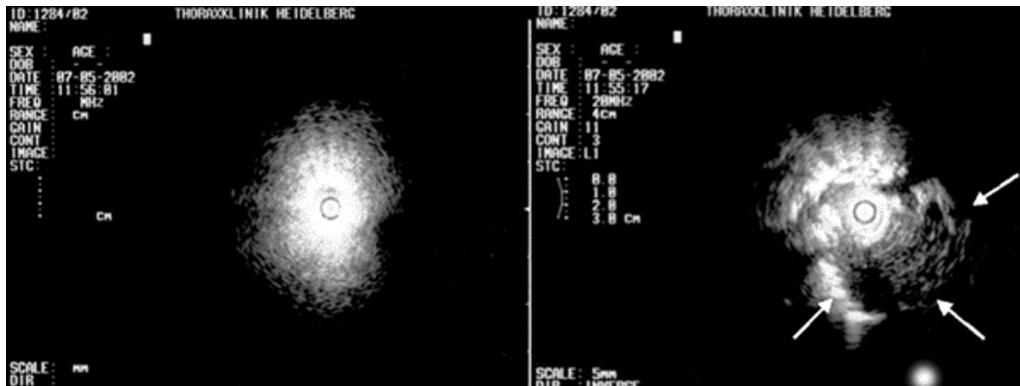
- Jan. 1990 - Feb. 1991
- 100 pts, 77 male, 74 central, 51 bronchial carcinoma



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Endobronchial ultrasound-guided transbronchial lung biopsy in solitary pulmonary nodules and peripheral lesions

F.J.F. Herth*, A. Ernst#, H.D. Becker*



	Lesion <3 cm	Lesion >3 cm
Patients n	21	29
EBUS n (%)	17 (80)	23 (79)
Fluoroscopic n (%)	12 (57)	26 (89)

Herth FJ, Ernst A, Becker HD. Eur Respir J. **2002**;20:972



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Noriaki Kurimoto



clinical investigations

Analysis of the Internal Structure of Peripheral Pulmonary Lesions Using Endobronchial Ultrasonography*

CHEST 2002; 122:1887

Endobronchial Ultrasonography Using a Guide Sheath Increases the Ability To Diagnose Peripheral Pulmonary Lesions Endoscopically*

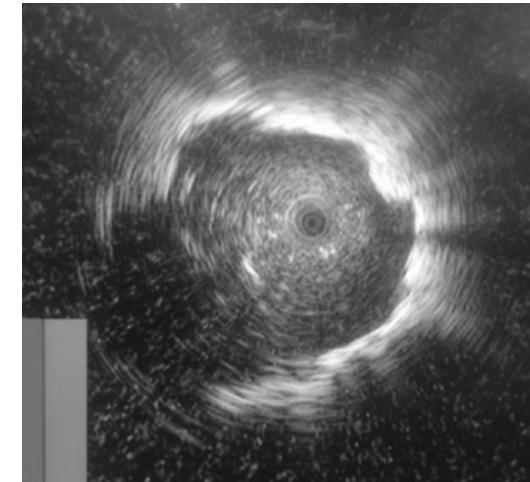
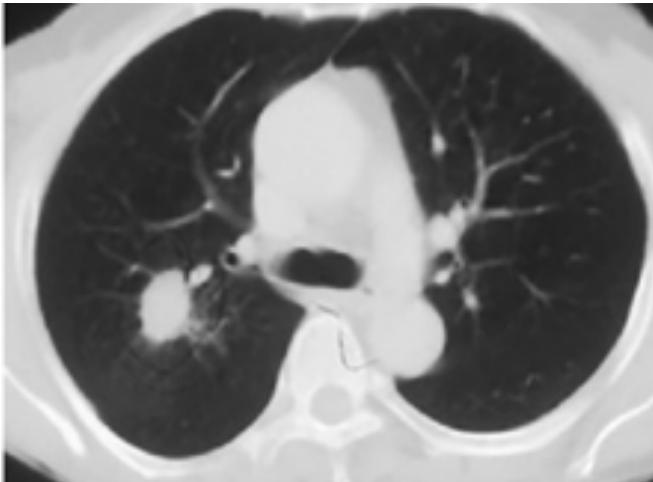
CHEST 2004; 126:959



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Use of radial probe endobronchial ultrasound for the diagnosis of peripheral pulmonary lesion: First report from India

- A 62-year old lady presented with history of dry cough of one-month duration.



Lung India. **2016 Mar-Apr**; 33(2): 212–215



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Radial probe endobronchial ultrasound



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Outlines

Introduction of EBUS

EBUS 簡介

EBUS-GS 操作簡介



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EBUS Procedure

CT 選擇 segment

EBUS定位 Lesion

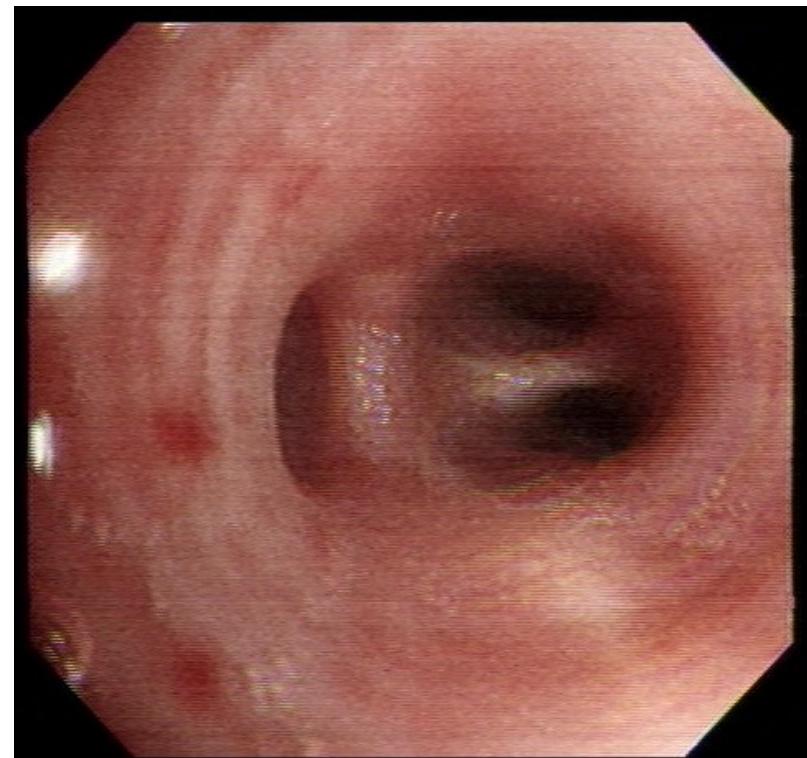
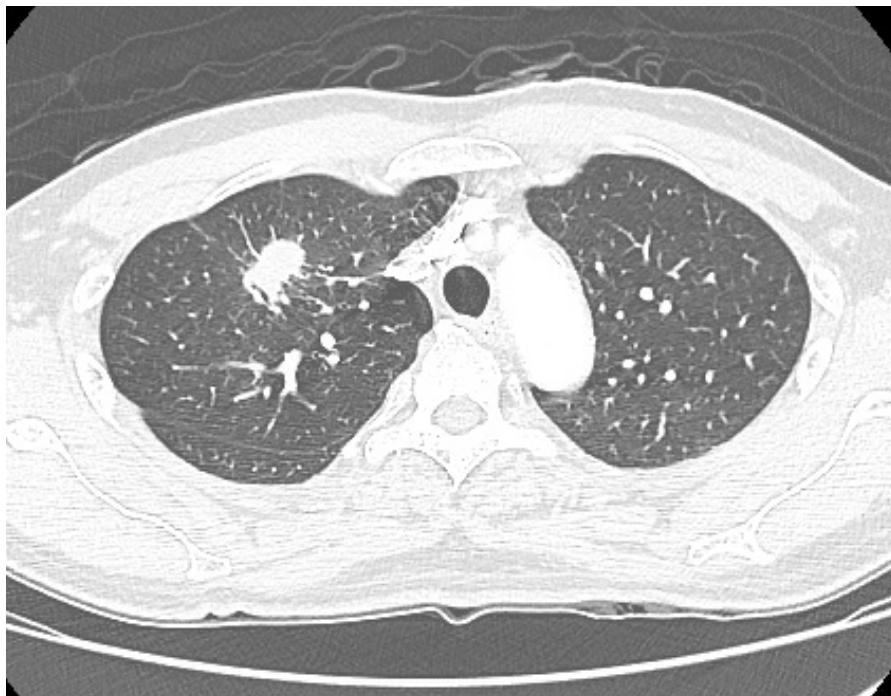
定位Brush及 Biopsy

執行Brush及 Biopsy

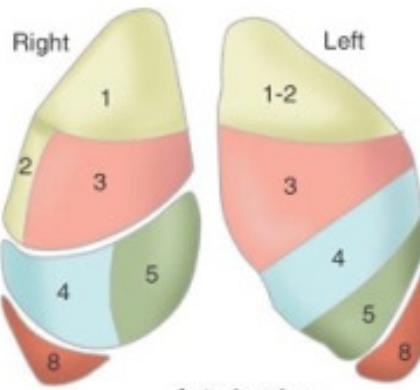


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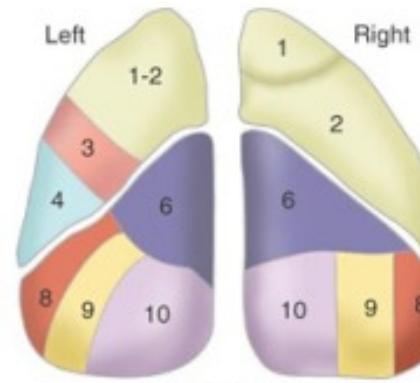
Select the orifice of bronchus



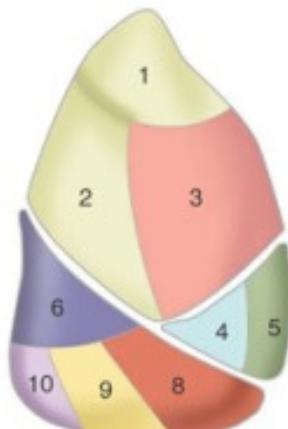
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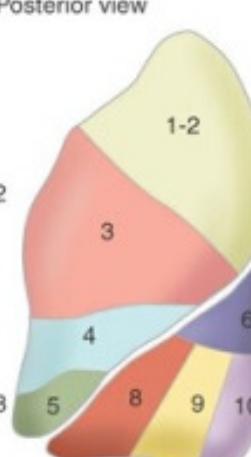
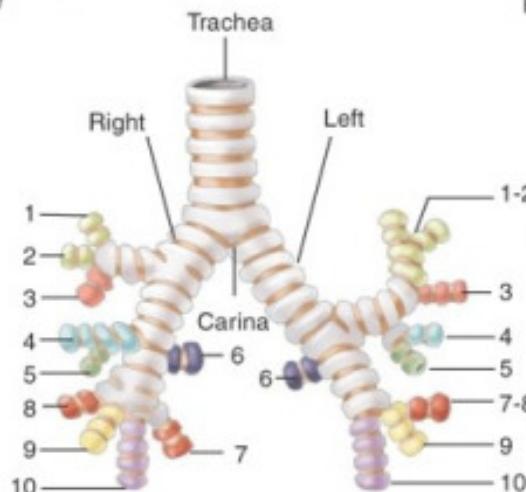
Anterior view



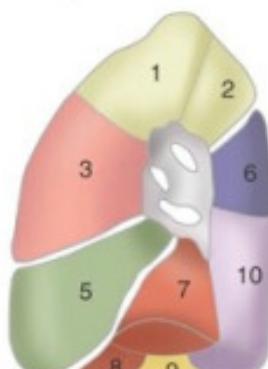
Posterior view



Right lateral view



Left lateral view

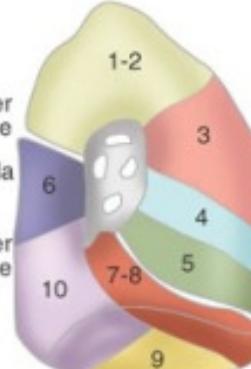


Right medial view

Upper lobe
Middle lobe
Lower lobe

- 1. Apical
- 2. Posterior
- 3. Anterior
- 4. Lateral
- 5. Medial
- 6. Superior
- 7. Med. basal
- 8. Lat. basal
- 9. Lat. basal
- 10. Post. basal

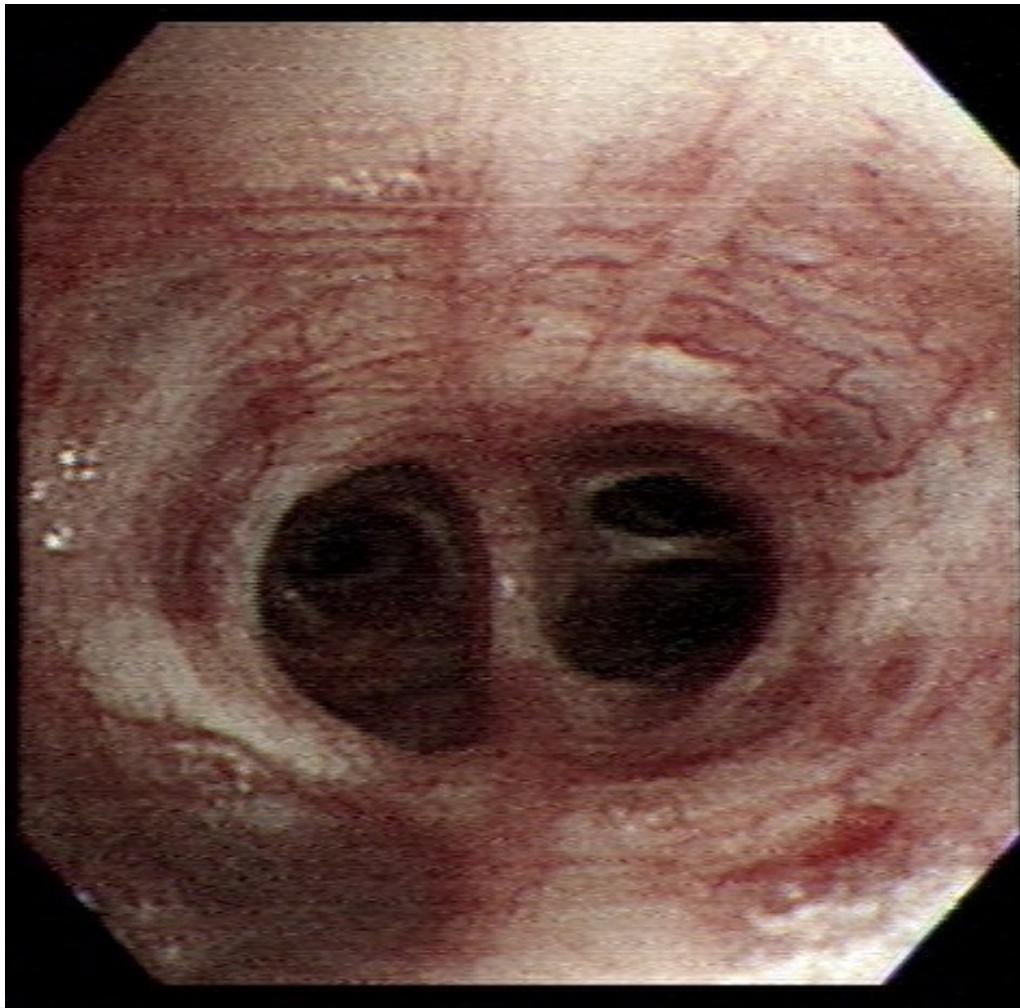
- 1-2. Apical-posterior
- 3. Anterior
- 4. Superior
- 5. Inferior
- 6. Superior
- 7-8. Ant. basal
- 9. Lat. basal
- 10. Post. basal



Left medial view



which one?



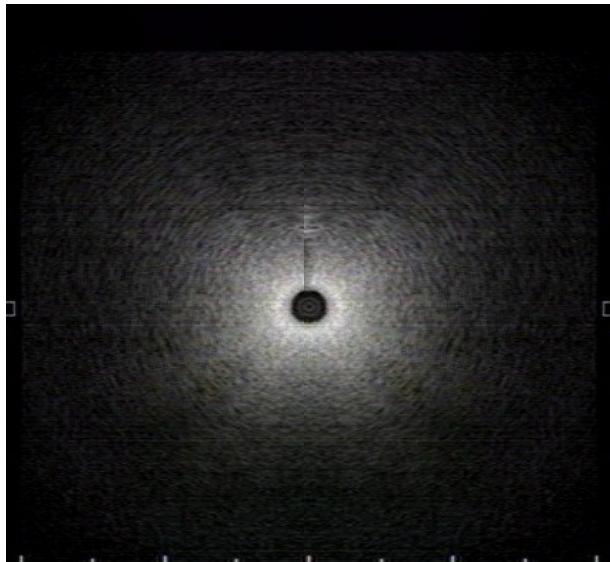
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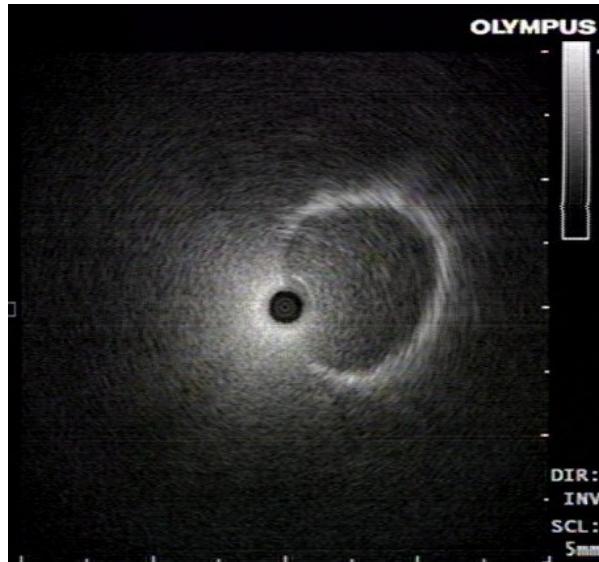
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Images of EBUS

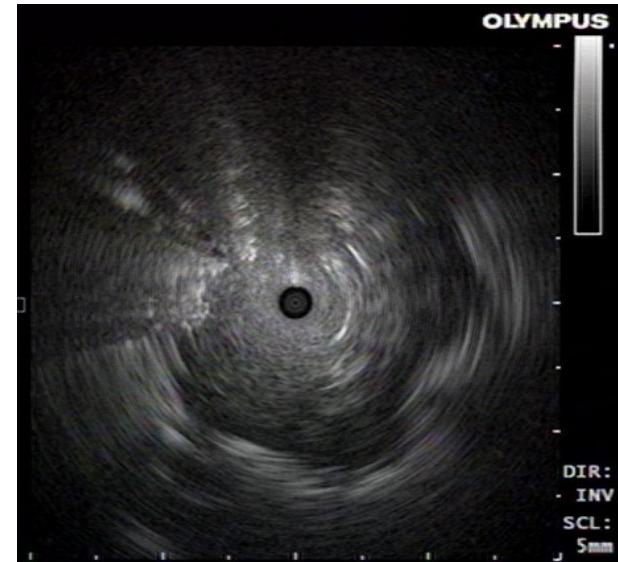
Unfound



Adjacent



within



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EBUS定位 及固定長度



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固定 EBUS 位置



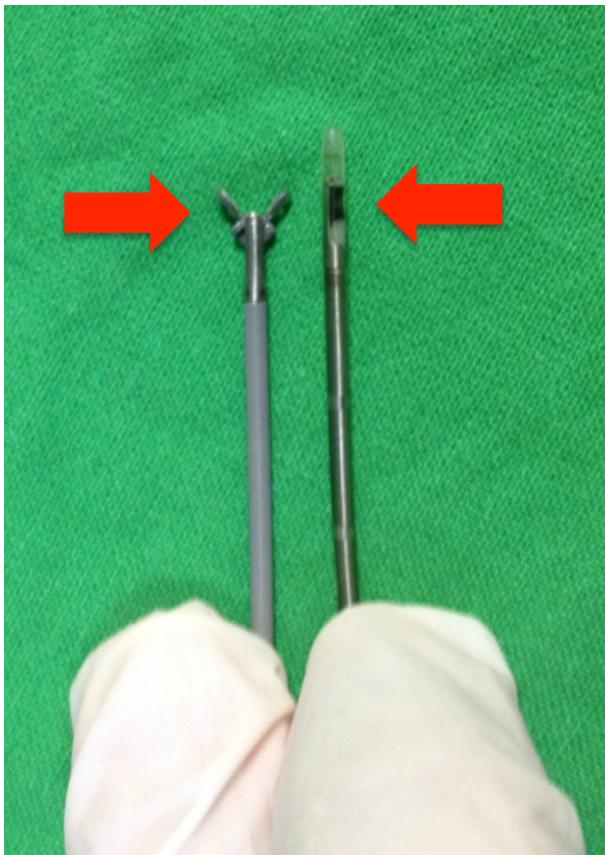
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固定 Biopsy 、Brush



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Fix brush and forceps biopsy



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執行Biopsy



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Radial Probe EBUS for Peripheral Pulmonary Lesions

- Retrospective review of peripheral bronchoscopy cases in which radial probe EBUS
- January 2008 and December 2012
- 496 patients

Chen A, et al. Ann Am Thorac Soc. 2014 May;11(4):578



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Radial Probe EBUS for Peripheral Pulmonary Lesions

Diagnostic yield by nodule size

- A diagnosis was obtained in 321 of 467 patients (**69%**).

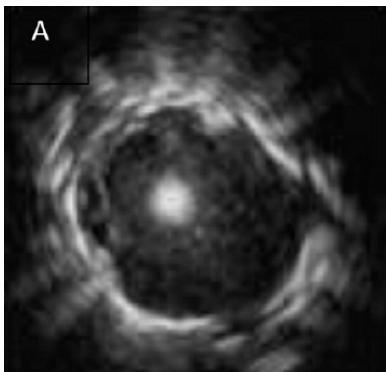
Yield	Nodule Size				
	1–2 cm	2.1–3 cm	3.1–4 cm	4.1–5 cm	>5 cm
Total (%)	144 (31)	137 (29)	70 (15)	47 (10)	40 (9)
Diagnostic (%)	83 (58)	99 (72)	54 (77)	41 (87)	35 (88)

Chen A, et al. Ann Am Thorac Soc. 2014 May;11(4):578

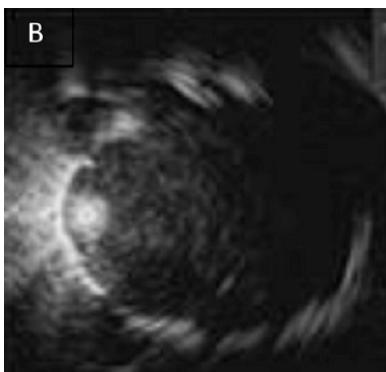


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Radial Probe EBUS for Peripheral Pulmonary Lesions



- **Concentric** : 63% (295/467).
- diagnostic yield : **84%** (248/295).



- **Eccentric** : 31% (147/467).
- diagnostic yield : **48%** (71/147).

Chen A, et al. Ann Am Thorac Soc. 2014 May;11(4):578



Radial Probe EBUS for Peripheral Pulmonary Lesions

Complications

Chen A, et al. Ann Am Thorac Soc. 2014 May;11(4):578



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EBUS-Guide Sheath Procedure

EBUS固定於sheath內

GS+EBUS 定位lesion

固定Guide sheath

執行Brush及 Biopsy

定位Brush 及 Biopsy



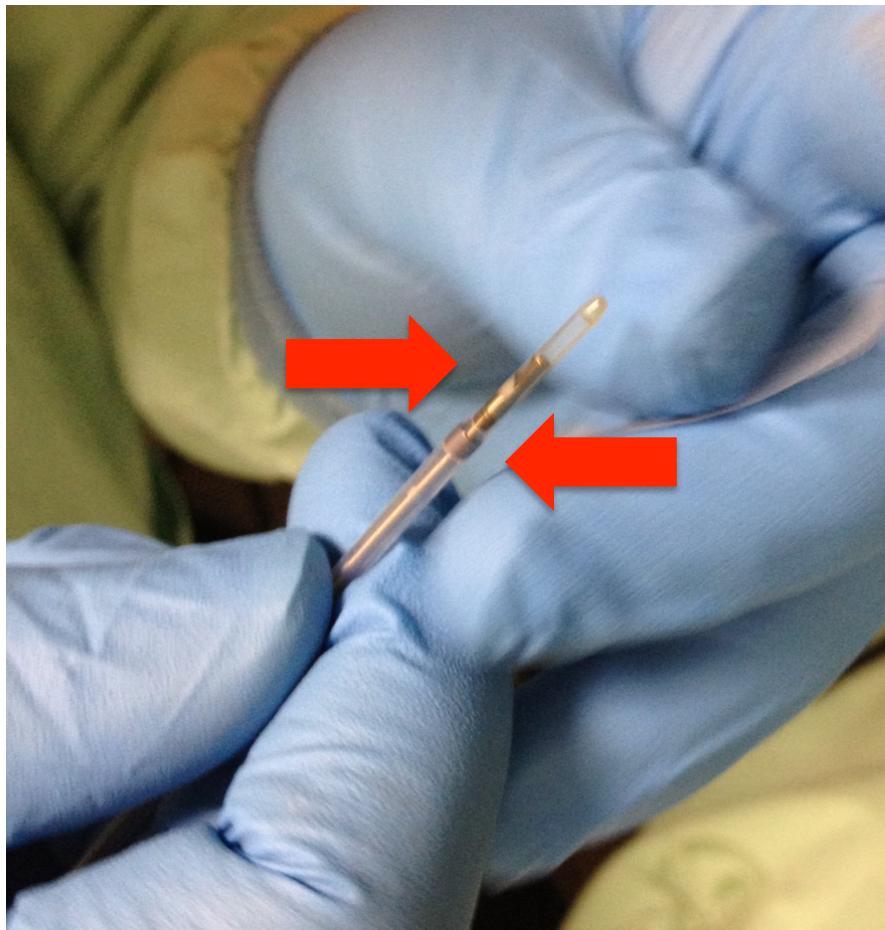
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Fix EBUS in GS



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Fix EBUS in GS



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Fix EBUS in GS



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Fix Guide Sheath



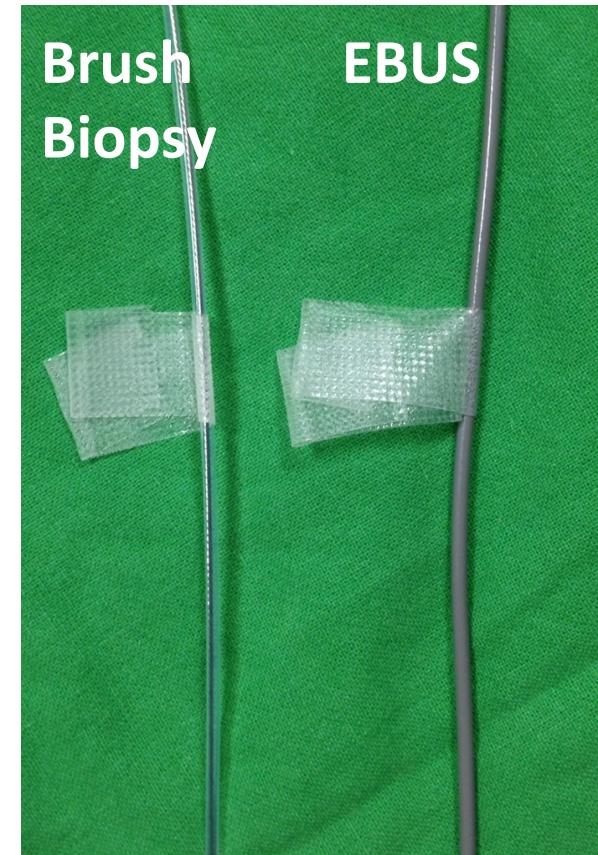
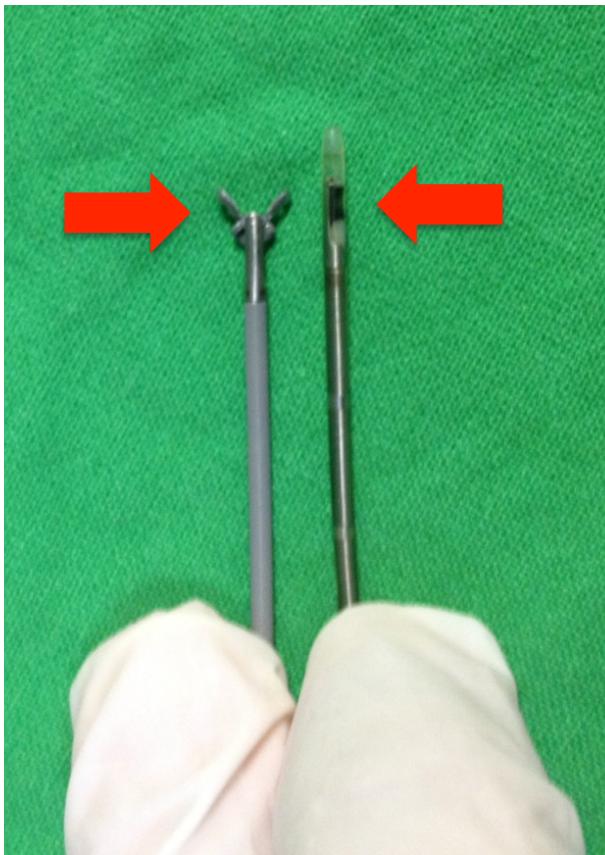
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Fix Guide Sheath



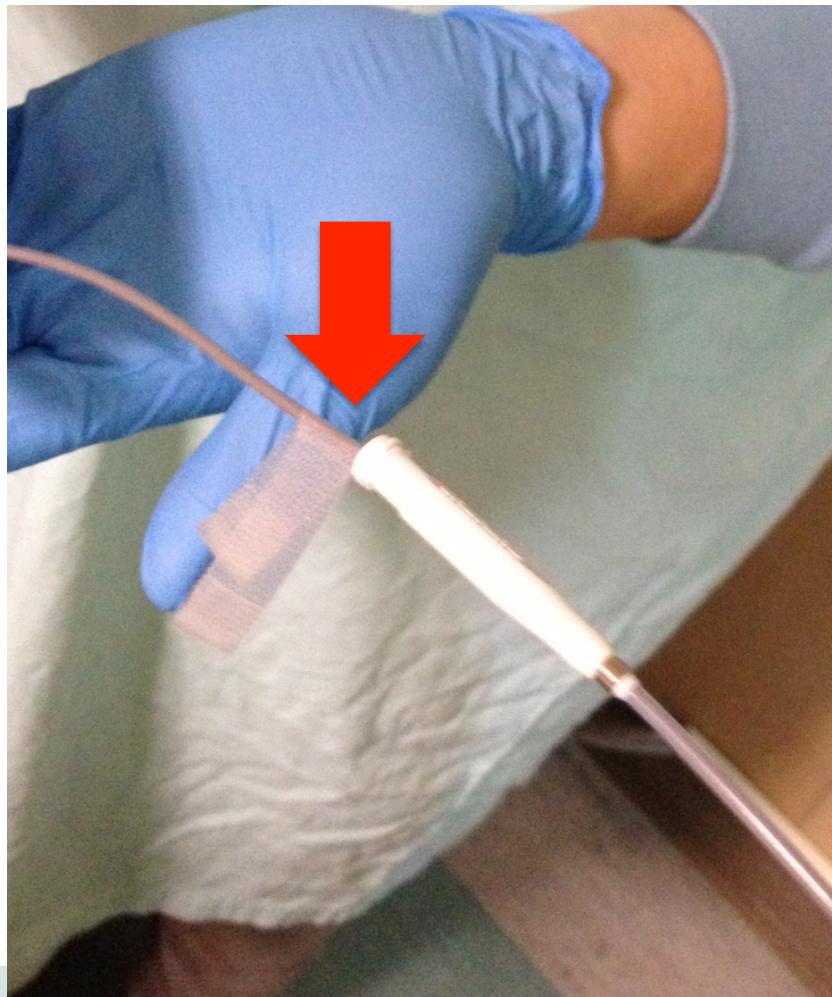
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Fix brush and forceps biopsy



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Do Brush and Biopsy



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Analysis of the Internal Structure by EBUS

- 124 patients with peripheral pulmonary lesions
- 69 patients, correlated with the histology of a surgical specimen
- Focusing on internal echoes, vascular and bronchial patency, and the morphology of the hyperechoic areas
 - reflecting air in the alveoli and bronchioles.

Kurimoto. Chest. 2002 Dec;122(6):1887

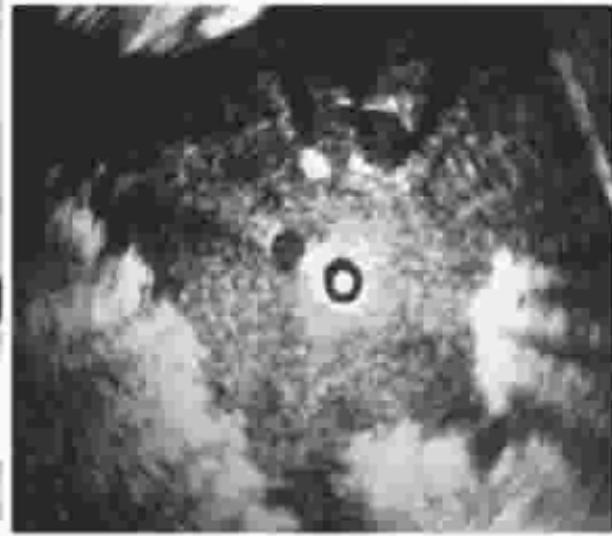


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Analysis of the Internal Structure by EBUS

Type Ia lesion

Homogeneous Pattern
With Patent Vessels
and Patent
Bronchioles



Kurimoto. Chest. 2002 Dec;122(6):1887

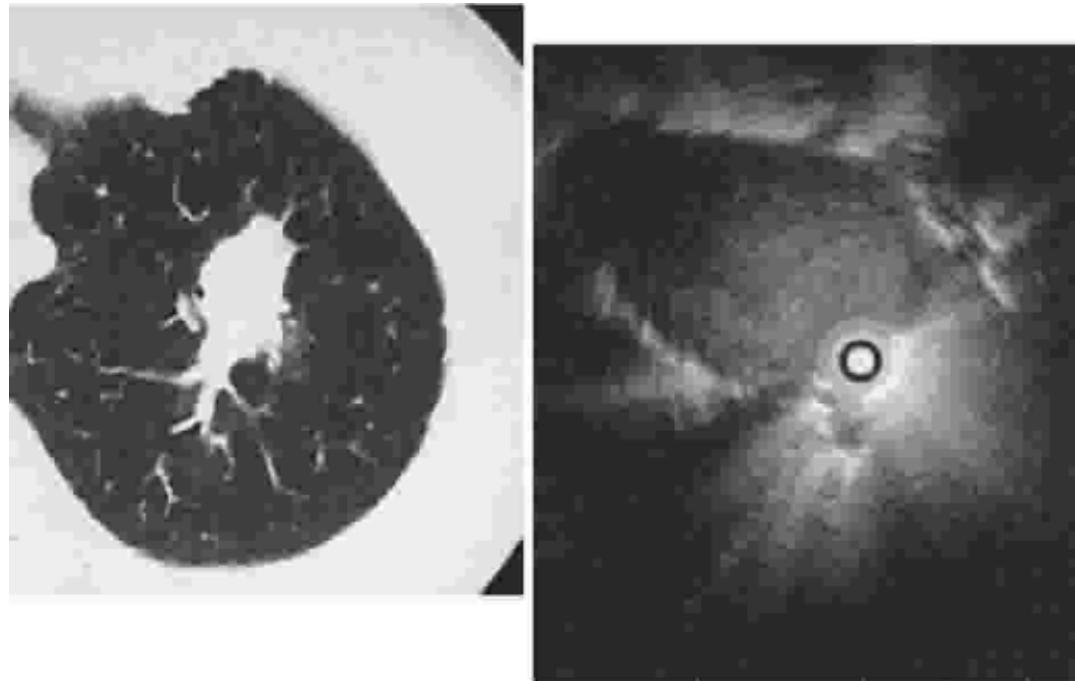


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Analysis of the Internal Structure by EBUS

Type Ib lesion

Homogeneous Pattern
Without Vessels and
Bronchioles



Kurimoto. Chest. 2002 Dec;122(6):1887



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Analysis of the Internal Structure by EBUS

Type IIa lesion

Hyperechoic Dots and
Linear Arcs Without
Vessels



Kurimoto. Chest. 2002 Dec;122(6):1887

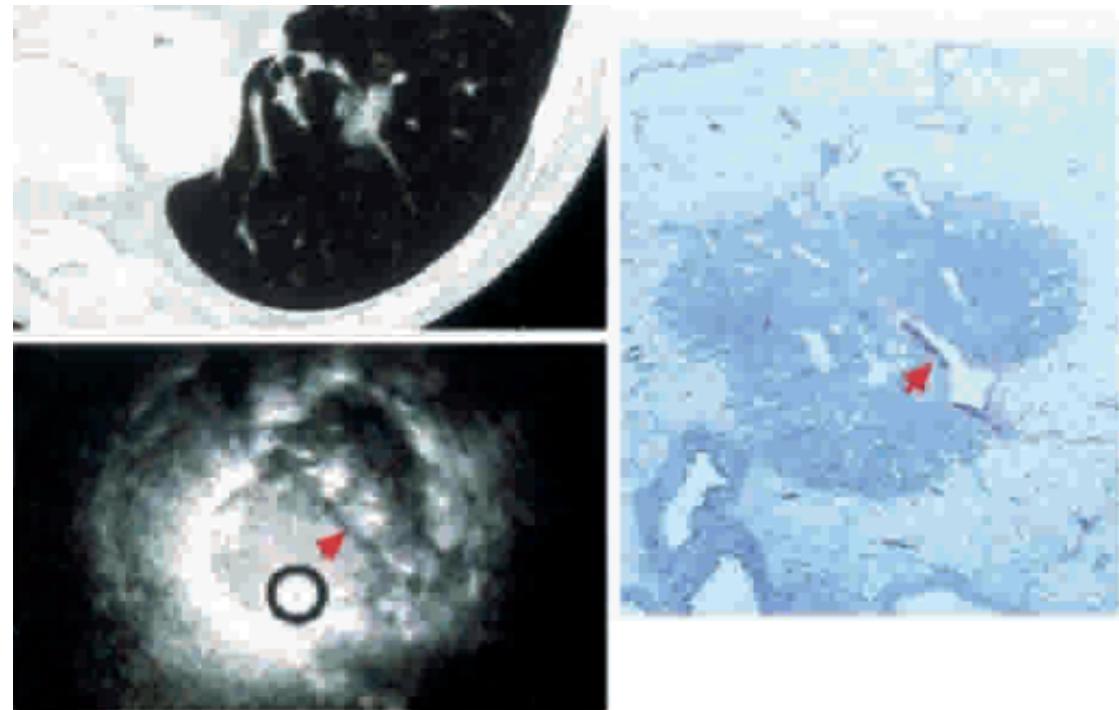


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Analysis of the Internal Structure by EBUS

Type IIb lesion

Hyperechoic Dots
and Linear Arcs
With Patent Vessels



Kurimoto. Chest. 2002 Dec;122(6):1887

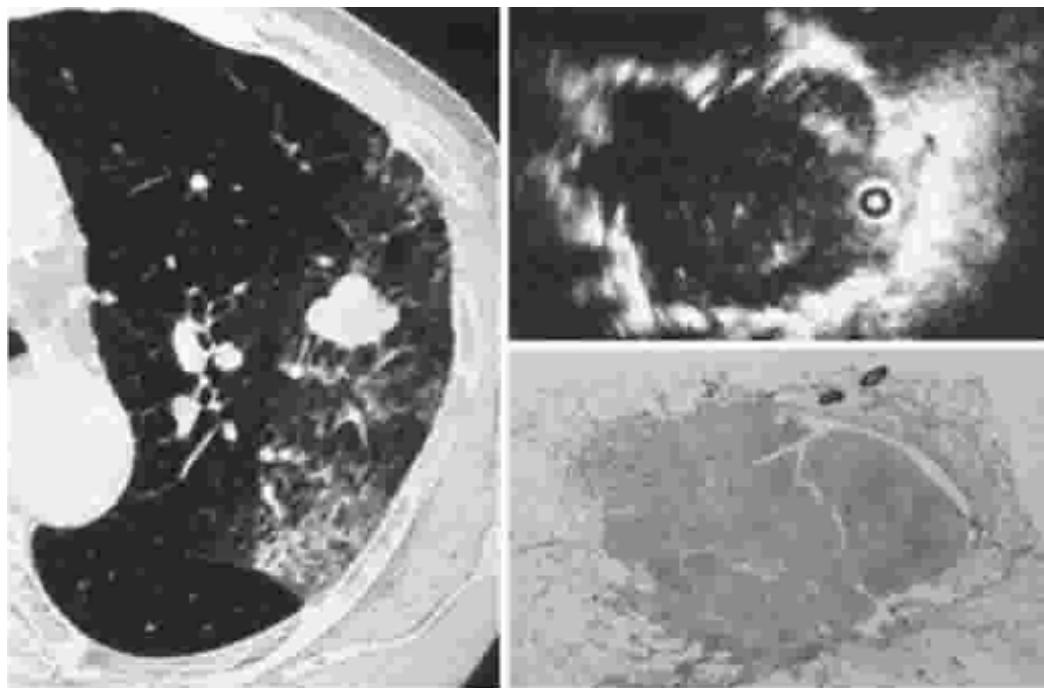


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Analysis of the Internal Structure by EBUS

Type IIIa lesion

Heterogeneous Pattern
With Hyperechoic Dots
and Short Lines



Kurimoto. Chest. 2002 Dec;122(6):1887

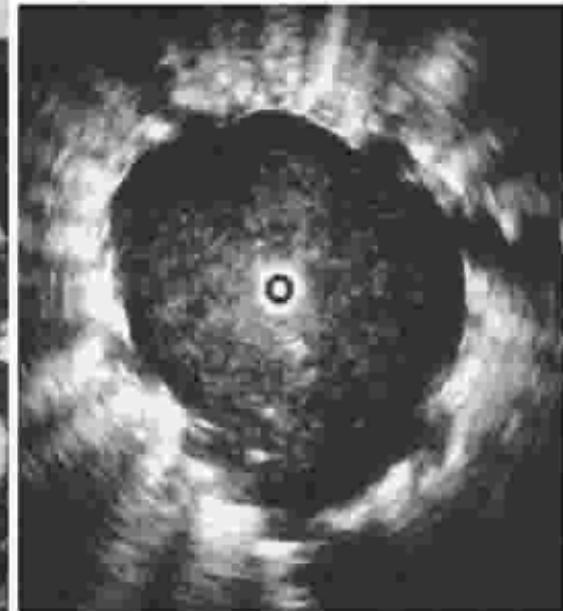
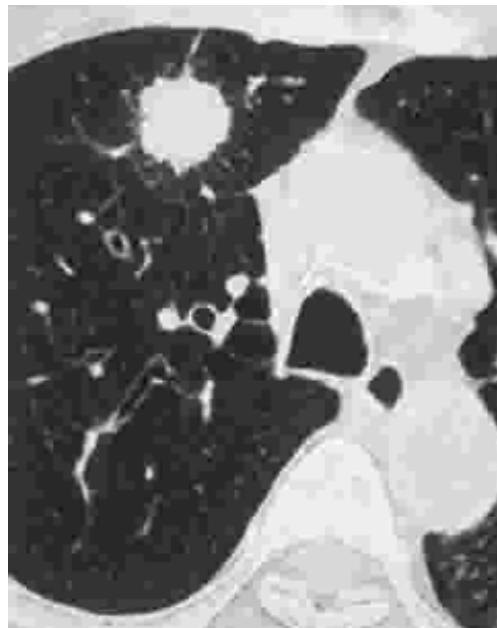


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Analysis of the Internal Structure by EBUS

Type IIIb lesion

Heterogeneous Pattern
Without Hyperechoic
Dots and Short Lines



Kurimoto. Chest. 2002 Dec;122(6):1887



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Analysis of the Internal Structure by EBUS

- 23 of 25 **type I** lesions (92.0%) were **benign**
- 98 of 99 type II and III lesions (99.0%) were **malignant**.
- 21 of 24 type II lesions (87.5%) were well-differentiated adenocarcinomas
- All **type IIIb** lesions were malignant, including 18 poorly differentiated adenocarcinomas (81.8%).

Kurimoto. Chest. 2002 Dec;122(6):1887



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Any Questions ?



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