

LETTERS TO THE EDITOR

Terms for Endobronchial Lesions in Patients Suspected of Having a Bronchial Neoplasm

To the Editor: The recent article "Proposed Terms for Endobronchial Lesions in Patients Suspected of Having a Bronchial Neoplasm"¹ highlighted the problem of describing endobronchial lesions. The authors proposed a description of endoscopic findings in bronchial cancer and attempted to systematize terminology in order to reduce variability in the descriptions and facilitate communication; in other words, to improve diagnosis and follow-up by encouraging all endoscopists to speak "the same language" when undertaking examinations in different hospitals.

In a poster presented at the 14th World Congress for Bronchology, held in Buenos Aires, Argentina, in June 2006, a group of Bosnian authors attempted to achieve a similar goal when they correlated endoscopic characteristics with the most common histologic types of bronchopulmonary carcinoma.² Previously, in accordance with the stipulations of the Japan Lung Cancer Society in 1978, findings had been classified as intraluminal lesions, lesions of the bronchial wall, or extraluminal lesions.³

Over the years, description of the endoscopic characteristics of bronchopulmonary carcinoma has invariably sought evidence through various techniques to facilitate their interpretation, but the need to confirm endoscopic observations through a histologic or cytologic study (obtained by bronchial brushing, bronchoalveolar lavage, and transbronchial biopsy) is unquestionable. This is further proof that, in the different medical specialties, scientific knowledge is based on solving problems with the best evidence available,⁴ and this proposal does so in a detailed and accurate manner.

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3. Oho K, Amemiya R. *Practical fiberoptic bronchoscopy.* Tokio: Igaku Shoin; 1980.
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