

## Endobronchial Ultrasound Guided Needle Sampling Without Aspiration: And the Cell Block?\*

### Punción guiada por ultrasonografía endobronquial sin aspiración: ¿y el bloque celular?

To the Editor:

We read with great interest the article by Rodríguez et al.<sup>1</sup> in which the authors present a study on mediastinal sampling using endobronchial ultrasound guided fine-needle capillary sampling (EBUS-FNC) instead of transbronchial needle aspiration (EBUS-TBNA), in which a negative pressure is applied via syringe. The authors report the interesting benefits of not applying suction to EBUS-guided puncture: the technique is simpler, procedure time is reduced, and adequate and representative material comparable to that of EBUS-TBNA may be obtained with less contamination from bleeding. However, a very important issue not highlighted in the article is the efficiency of the technique in obtaining cell blocks (CB). Madan and Guleria<sup>2</sup> recently expressed concern regarding the possible differential yield when the histological core is obtained without the application of suction.

The preparation of CB from EBUS-TBNA samples is a simple way to provide additional information in the diagnosis of lung cancer. In our experience<sup>3</sup> in lung cancer, CB obtained by EBUS-TBNA generally provided clinically relevant information in 83 of 270 patients (30.7%). Puncture was repeated up to three times and preservation of material for CB was possible in almost half of the aspirates. Of a total of 697 transbronchial aspirates, CB were available in 334 (47.9%). In 50 cases (7.2%), conventional extensions were not diagnostic while the CB were, and the malignancy diagnosed from extensions could be subtyped in four patients. Genetic analyses could also be performed from CB in 60% of patients with adenocarcinoma. CB samples were processed by air drying and coagulation on filter paper. For this, a blood sample is needed, and that is more likely to be obtained when negative pressure is applied with a syringe. Since the absence of suction produces less trauma, this technique is less likely to ensure a clot formation.

Several oncology societies<sup>4</sup> have published guidelines recommending the necessary identification of molecular abnormalities for the initiation of specific treatment. Even today and certainly in the near future, EBUS will face the challenge of

\* Please cite this article as: Andreo García F, Sanz Santos J, Llatjós Sanuy M, Ruiz Manzano J. Punción guiada por ultrasonografía endobronquial sin aspiración: ¿y el bloque celular? Arch Bronconeumol. 2014;50:156.

## Etiological Pattern of Community-Acquired Pneumonia: Importance of the Geographical Factor\*

### Patrón etiológico de la neumonía adquirida en la comunidad: importancia del factor geográfico

To the Editor:

We read with interest the manuscript of Herrera-Lara et al.<sup>1</sup> recently published in *Archivos de Bronconeumología*. We welcome

\* Please cite this article as: Julián-Jiménez A, Flores Chacartegui M, Piqueras-Martínez AN. Patrón etiológico de la neumonía adquirida en la comunidad: importancia del factor geográfico. Arch Bronconeumol. 2014;50:156–157.

demonstrating its usefulness in the comprehensive analysis of all the newly available molecular studies<sup>5</sup> in advanced neoplastic diseases, for which histopathological samples obtained by biopsy or surgical techniques have been routinely used.

It must be shown that useful CB can be obtained (even if they are prepared in liquid medium) by FNC instead of TBNA in an adequate proportion of cases, without increasing the number of punctures. A direct comparison is needed of the equivalence of the yield of the CB material obtained by each technique in terms of amounts (differences in cellularity) and quality for immunohistochemistry and molecular analyses, and not only the purely diagnostic yield. Until such evidence is available, we believe that FNC can be considered a useful alternative in cases where contamination by bleeding for immediate examination may render the sample inadequate.

## Conflicts of Interest

The authors declare no conflicts of interest.

## References

- Rodríguez F, Seijo LM, Sánchez PA, Zulueta JJ. Modified technique for obtaining mediastinal samples with endobronchial ultrasound-guided transbronchial needle aspiration: results from a prospective observational study. Arch Bronconeumol. 2013;49:135–9.
- Madan K, Guleria R. Endobronchial ultrasound needle biopsy with and without aspiration: the “core” issue. Chest. 2013;143:281–2.
- Sanz-Santos J, Serra P, Andreo F, Llatjós M, Castellà E, Monsó E. Contribution of cell blocks obtained through endobronchial ultrasound-guided transbronchial needle aspiration to the diagnosis of lung cancer. BMC Cancer. 2012;12:34.
- Gómez JJ, de Castro J, Concha A, Felip E, Isla D, López-Ríos F, et al. Recomendaciones para la determinación de biomarcadores en el carcinoma de pulmón no microcítico avanzado. Consenso nacional de la Sociedad Española de Anatomía Patológica y de la Sociedad Española de Oncología Médica. Rev Esp Patol. 2012;45:14–28.
- Pao W, Girard N. New driver mutations in non-small-cell lung cancer. Lancet Oncol. 2011;12:175–80.

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this study, which shows the influence of season and climate on the etiology of community-acquired pneumonia (CAP), although only in patients admitted to the pneumology ward. This is one limitation recognized by the authors. Another is the lack of follow-up of patients discharged from the emergency department (ED), that account for more than 50% of the CAP cases seen in those units.<sup>2</sup> These data are in line with the data of our group,<sup>3</sup> and show the quantitative importance of this subgroup when calculating the overall etiology of the disease. Several factors must be taken into consideration when determining CAP etiology, including climate, season, age, place of employment, treatment, comorbidity, patient characteristics, concurrent viral epidemic, etc.<sup>4</sup> The most recent consensus guidelines for CAP point out that *Streptococcus pneumoniae* is the most common pathogen in outpatients (including those discharged), hospitalized patients, and intensive care