

Clinical Image

Accidental Breakage of an Aspiration Needle During EBUS-TBNA[☆]

Rotura accidental de aguja de punción transbronquial durante la realización de ecobroncoscopia

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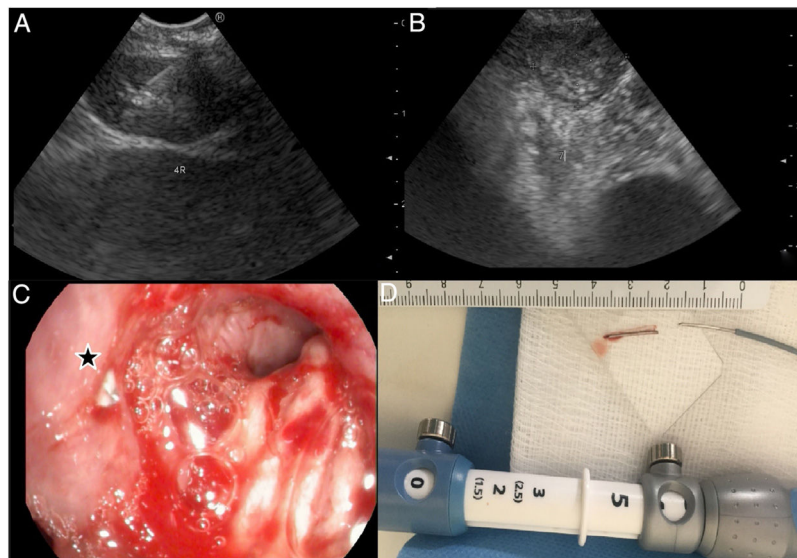


Fig. 1. Accidental transbronchial needle breakage during endobronchial ultrasound.

We report the case of an 80-year-old woman with Stage IV pulmonary adenocarcinoma with tumor progression after first-line treatment, in whom a second biopsy was requested. Computed tomography revealed the presence of lymphadenopathies in several sites, including the right paratracheal (Fig. 1A) and subcarinal (Fig. 1B) territories, requiring endobronchial ultrasound. With the appropriate ultrasound visualization, histological samples were obtained from the right paratracheal site with a Cook ECHO-HD-22-EBUS-P[®] needle, without complications; however, when the first puncture was performed in the subcarinal location, we lost ultrasound vision of the needle and experienced significant resistance on withdrawal. Conventional bronchoscopy was performed immediately, during which a flash of metal was glimpsed in the lateral wall of the carina (Fig. 1C). Needle breakage was suspected, and the absence of the needle tip and needle breakage were confirmed on examination. Using 2 mm Radial JawTM 4 (Boston Scientific[®]) endoscopic forceps, the embedded 15 mm fragment was removed without complications (Fig. 1D).

Endobronchial ultrasound is a safe technique, with few complications, and breakage of the needle during the procedure is exceptional (0.2%).¹ The removal of the fragment is essential in order to prevent long-term complications, currently unknown given the low incidence.²

References

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