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Endoscopic ultrasound in mediastinal tuberculosis.

M. Sharma, A. Somasundarama
Dept. Of Gastroenterology, Jaswant Rai Speciality Hospital, INDIA.

Introduction and Aim:
EUS with FNA is an effective technique for the differentiation of mediastinal lymphadenopathy (ML). The diagnosis of ML due to tuberculosis is made by EUS guided FNAC. EUS features of different presentations of tuberculosis are not mentioned. The study was aimed to evaluate the different EUS presentations of patients of ML who ultimately had a proved diagnosis of tuberculosis.

Methods:
96 patients with ML underwent linear EUS along with FNA using a 22 G needle. All the material was sent for cytological examination and AFB staining. AFB culture was done wherever suspicion of tuberculosis was high. The diagnosis of tuberculosis was based on the presence of necrosis, caseating granulomas on cytology and/or positive AFB staining/culture.

Results:
The diagnosis of tuberculosis was made in 46 (47.9%) patients. Tubercular nodes had a median size of 16 mm (Range 10-20 mm) and were located in the subcarinal area and aortopulmonary window. Based on the EUS features, they could be classified as; multiple discrete nodes with hypoechoic centre (n = 21), multiple coalescent hypoechoic nodes (n=20) and multiple coalescent nodes with moving necrotic material suggestive of abscess (n=5). On histological examination necrosis was seen in 32 (69.5%), caseating granulomas in 20 (43.5%), AFB on staining in 10 (21.7%) and AFB positive on culture in 14 (30.4%) patients who had no evidence of AFB on staining.

Conclusion:
EUS was able to identify three different endosonographic features of mediastinal TB. The diagnosis of tubercular mediastinal abscess was made in five cases.