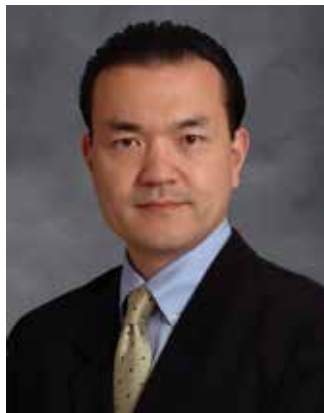


Since the first successful removal of an airway foreign body performed by Gustav Killian on March 30, 1897 using an esophagoscope, bronchoscopy has evolved significantly. Chevalier Jackson led the development of the current rigid bronchoscope in early twentieth century. The development of the flexible bronchoscopy by Shigeto Ikeda opened up further advancements in the field of bronchoscopy. In the past decade, the emergence of new technologies including endobronchial ultrasound (EBUS) and navigational bronchoscopy have expanded the role of bronchoscopy and interventional pulmonology in the management of thoracic oncology.

In this new book entitled "*Interventional Pulmonology*", various diagnostic and therapeutic procedures performed by thoracic surgeons, interventional pulmonologists and bronchoscopists are reviewed with contributions from the experts in the field. The different technical aspects of new technologies as well as old technologies are reviewed in detail. For diagnostic procedures, EBUS-TBNA has emerged as the new standard for assessment of the mediastinum and the hilum. Bronchoscopists are now challenged to not only get tissue diagnosis but also to obtain sufficient amount of tissue for various molecular analysis. EBUS may have replaced the Gold standard of invasive mediastinal staging "Mediastinoscopy", but mediastinoscopy still has a role. Traditional transbronchial needle aspiration has its role in interventional pulmonology. The gold standard for biopsy of peripheral lung nodules is still transthoracic needle aspiration. However, new technologies including navigational bronchoscopy is an alternative approach though limitations exist.

Rigid bronchoscopy continues to be a key therapeutic procedure for interventional pulmonologists. Central airway obstruction is managed by the traditional rigid bronchoscope similar to that used by Killian. However, improvements have been made both in the devices available as well as the technique. Stenting and ablative devices, both hot and cold, are also available for use during an intervention. In the near future, these ablative devices will be applied to transbronchial therapeutics for peripheral lung tumors.

It is an exciting time for interventional pulmonology with emergence of new technology for diagnostics and therapeutics. This book will serve as a guide for many bronchoscopists interested in the field. Again, I congratulate the editors and the authors on the completion of this excellent book.



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