

Endoscopic procedures, ultrasound imaging or more generally speaking interventional pulmonology allows modern diagnostic and therapeutic interventions in neoplastic and inflammatory mediastinal and lung diseases. The mentioned methods have gained importance over the last decades including conventional transcutaneous ultrasound (TUS), endoscopic ultrasound (EUS), and endobronchial ultrasound (EBUS) including specific techniques, e.g., elastography and contrast enhanced ultrasound.

Tumour-staging and mediastinal lymph node staging affect the management of patients with both operable and inoperable lung cancer (e.g., surgery *vs.* combined chemoradiation therapy). Tissue sampling is often indicated for accurate nodal staging. Mediastinal nodes can be sampled from the airways (endobronchial ultrasound combined with transbronchial needle aspiration [EBUS-TBNA]) or the esophagus (endoscopic ultrasound fine needle aspiration [EUS-FNA]). EBUS and EUS have a complementary diagnostic yield and in combination virtually all mediastinal lymph nodes can be biopsied. Additionally endoscopic ultrasound has been accepted assessing the typical findings in patients suspected of sarcoidosis.

Recent international lung cancer staging guidelines clearly state that endosonography should be the initial tissue sampling test over surgical staging. The European Federation of Societies for Ultrasound in Medicine (EFSUMB) has been publishing guidelines on interventional ultrasound which are featured as well in this book.

The book is helpful for the experts and also for doctors that will start using these methods. Congratulation to the authors based on their long standing clinical and research expertise in this.



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