

AUTHORS' REPLY

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We are grateful for the criticisms of our study that was published in the JBP in 2016.⁽¹⁾ We have reviewed all cases and interpretations and requested the necessary corrections to improve the description of the results.

Of all 54 patients who underwent bronchoscopy with radial-probe endobronchial ultrasound (EBUS) for the diagnosis of pulmonary lesions, 3 were excluded because they were lost to follow-up and we could not perform comparisons with the final results obtained by other methods or by clinical follow-up. Therefore, there remained 51 patients who were included in the analysis (Table 1). Among those 51 cases, we made 34 diagnoses by the bronchoscopic procedure, all of which were confirmed by other methods or by clinical-radiological follow-up, amounting to an overall diagnostic yield of 66.7% (nodules and masses). We divided those 51 cases into radial-probe EBUS-visible lesions (n = 39) and radial-probe EBUS-invisible lesions (n = 12). Among the radial-probe EBUS-visible lesions, we made a total of 31 diagnoses (79.5%), including 20

nodules (74.1%) and 11 masses (91.7%). Among the 12 radial-probe EBUS-invisible lesions, we made only 3 diagnoses (25%). This shows that, if the lesion is visible by radial-probe EBUS, there is greater likelihood of making a final diagnosis by the bronchoscopic methods.^(2,3) A correction must be made to the last row of Table 1, which should read: not identified by radial-probe EBUS.

In Table 2, hamartoma was erroneously placed among the cases of malignant disease, which were originally designated "tumors" and therefore included all benign and malignant cases. Also in Table 2, in the row that reads inflammatory disease, we made a total of 2 diagnoses by the bronchoscopic method that were confirmed (n = 2; 66.7%), meaning that the total number of diagnoses made in the pulmonary nodule group amounts to 20 diagnoses. These errors must be corrected in Table 2.

Regarding rapid on-site evaluation of the specimen by a pathologist and fluoroscopy, we know how important these techniques are to the procedure; however, they are not available in the majority of our procedures. In addition, guide sheaths are not yet available for use in Brazil, which largely precludes the collection of adequate material in some cases.

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