



ANESTHETIC MANAGEMENT OF A MEDIASTINAL LYMPH NODE BIOPSY BY EBUS

Dr. Adiraju Chanakya	Final Year Resident
Dr. Sudha Helawar	Associate Professor
Dr. Swetha K Naidu	Final Year Resident
Dr. Malathi CN	Professor

KEYWORDS :

INTRODUCTION

Endobronchial ultrasound-guided transbronchial needle aspiration (EBUS-TBNA) is a valuable diagnostic tool for mediastinal lymphadenopathy but presents unique anesthetic challenges, particularly in high-risk patients and non-operating room anesthesia (NORA) settings. Careful airway management, anticoagulation control, and multidisciplinary coordination are essential for optimal outcomes.

Case Study

Mr. Akbar Ali, presenting with complex co-morbidities and mediastinal lymphadenopathy, required meticulous anaesthetic planning for his EBUS biopsy. His anticoagulants, including Clexane, Apixaban, Ecosprin, and Clopidogrel, were judiciously stopped pre-procedure to minimize bleeding risk during the biopsy. While chest X-ray likely indicated mediastinal widening, the HRCT thorax definitively confirmed extensive lymphadenopathy, guiding the proceduralists. Anaesthesia induction utilized Fentanyl (2mcg/kg), Propofol (2mg/kg for induction), and Dexmedetomidine (0.5mcg/kg over 10 minutes), administered to achieve a smooth and stable induction despite his anticipated difficult airway. A #3.0 I-gel LMA was successfully employed, ensuring secure ventilation throughout the procedure and contributing to his uneventful recovery.

DISCUSSION

This complex case posed significant anesthetic challenges due to pre-existing comorbidities. Meticulous planning and execution were crucial. We maintained normal vital signs, proper anesthesia depth, and analgesia, while carefully managing anticoagulation. Airway management was critical, with an I-Gel #3 securing the airway. The NORA setting added complexity, but thorough preparation and senior anesthesiologist presence ensured a successful outcome, leading to a stable and uneventful recovery.

CONCLUSION

Tailored anesthetic techniques, pre-procedure optimization, and a multidisciplinary approach enable safe EBUS-TBNA in high-risk patients, even in challenging NORA environments.

REFERENCES

1. Nakajima T, Yasufuku K, Yoshino I. Current status and perspective of EBUS-TBNA. *General Thoracic and Cardiovascular Surgery*. 2013;61:390-396.