We are grateful for the criticisms of our study that was published in the JBP in 2016. 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. Therefore, 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.

REFERENCES

