

Preface of Interventional Pulmonology Corner

We are pleased to announce the inauguration of a new section of the *Journal of Thoracic Disease (JTD)*, the Interventional Pulmonology Corner (IP Corner).

The IP Corner is dedicated to publishing articles related to minimally invasive thoracic procedures. This most particularly involves topics related to diagnostic and therapeutic bronchoscopy, pleural procedures, and percutaneous tracheostomy.

Currently, *JTD* publishes a variety of articles in the field of bronchoscopy and pleural procedures. This new corner is designed to set together these articles for readers who have particular interests in IP and to encourage authors to submit their work to this section. The goal of the IP Corner is to provide our international readers with the most updated evidence and knowledge on decision-making and diagnostic and therapeutic procedural strategies for thoracic abnormalities such as lung and mediastinal diseases, central airway diseases, and pleural conditions.

The IP Corner invites all pulmonary and thoracic proceduralists to submit manuscripts related to the following topics:

- ❖ Diagnostic bronchoscopy including flexible bronchoscopy, autofluorescence bronchoscopy, curvilinear and radial endobronchial ultrasound, and navigation bronchoscopy;
- ❖ Therapeutic bronchoscopy, including flexible and rigid bronchoscopies, LASER, argon plasma coagulation, electrocautery, photodynamic therapy, cryotherapy, brachytherapy, airway dilation, and stenting;
- ❖ Pleural procedures such as thoracentesis, indwelling tunneled pleural catheters, pleurodesis, pleural biopsy, and medical thoracoscopy;
- ❖ Percutaneous dilational tracheostomy.

The IP Corner accepts articles in the following structures:

- ❖ Original Articles;
- ❖ Narrative and Systematic Reviews;
- ❖ Case Reports;
- ❖ Brief Reports;
- ❖ Images;
- ❖ Proceduralist Techniques;
- ❖ Point-of-View.

We cordially welcome you to submit your work to the IP Corner of *JTD*, and we embrace any suggestions or ideas to make this section more distinguished.



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