

## Focused issue on interventional pulmonology

We are pleased to announce this focused issue of the *Journal of Thoracic Disease* on “interventional pulmonology”. Thoracic procedures are better tolerated when they are minimally invasive, leading to shorter hospital stays, fewer complications, and possibly lower costs.

The field of interventional pulmonology (IP) is relatively new and was first defined in a paper by Seijo and Sterman that was published in the *New England Journal of Medicine* in 2001.

In the last decade, there were substantial changes in the way bronchoscopic procedures were performed. However, the introduction of endobronchial ultrasound (EBUS) and the development of multiple navigational bronchoscopy systems have been the most important breakthroughs. Since the IP field became a separate subspecialty of pulmonary medicine, various national and international interventional pulmonology associations were created and gathered interactive communities of proceduralists. These IP communities continue to share their experiences and research projects to improve the science and techniques in IP.

In this focused issue, many IP specialists joined the effort to bring state of the art reviews and updates about the latest advancements in bronchoscopic and pleural procedures.

In their comprehensive review, Dr. Eapen and colleagues from MD Anderson Cancer Center presented the most recent bronchoscopic development in the management of central airway obstruction including heat therapy, cryotherapies, brachytherapy and airway stenting.

Dr. Shojaee who lectured about the management of hemoptysis in many IP and thoracic conferences contributed by writing a comprehensive review about the management of massive hemoptysis highlighting the importance of a timely systematic approach to improve the outcome.

Another paper by Dr. Dhillon addressed the latest updates on bronchoscopy procedures for the diagnosis of peripheral lung lesions. The review provided detailed updated about endobronchial ultrasound, navigational bronchoscopy, thin and ultrathin bronchoscopy. Ongoing and innovative bronchoscopic techniques such as transparenchymal nodule access, confocal endomicroscopy and optical imaging for peripheral lung lesions were highlighted.

The management of malignant pleural effusion has been evolving. The aim has always been toward outpatient management, fewer hospital stays and minimally invasive intervention. In recent years, rapid pleurodesis protocols have been developed such as using medical thoracoscopy pleurodesis combined with indwelling tunneled or talc pleurodesis through the indwelling pleural catheter to shorten the hospital stays. Dr. Lee from Johns Hopkins and Dr. Desai from Chicago Chest Center presented the latest development in the management of malignant pleural effusion in a state-of-the-art review. Another paper by Dr. Bessich from New York University complemented this review and thoroughly described the role of medical thoracoscopy in the diagnosis of pleural disease.

We are delighted by the contributions of all authors in this supplement. They are all proceduralists who share the same mission of caring for patients using the least invasive means possible. We think that this supplement brings you the latest updates in the field of Interventional Pulmonology and hope that you find this information helpful in caring for your patients.

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