



The intersection of interventional pulmonology and critical care

We are honored to present this focused issue of the *Journal of Thoracic Disease* on the role of interventional pulmonology in the intensive care unit (ICU). To our knowledge, this is the first time a collection of articles has been devoted exclusively to this topic. The impetus for this work was to amalgamate knowledge from the intersection of two dynamic areas of medicine—critical care and interventional pulmonology. The sheer number of articles contained in this issue reflects the tremendous overlap between these two fields. Areas of convergence represent immense potential for multidisciplinary research on subjects largely dominated by anecdotal experience and low-quality data.

Bronchoscopy and airway procedures represent a large portion of the interventional pulmonology that occurs in the ICU. The complementary roles of intensivists and interventional pulmonologists are highlighted in articles that delineate nuances of bronchoscopy in critically ill patients both intubated and non-intubated, novel methods to manage life threatening hemoptysis and foreign body aspiration, utilization of rigid bronchoscopy to alleviate respiratory failure from central airway obstruction, challenges and pitfalls of performing bronchoscopy on patients receiving extracorporeal life support and the evolving role of endobronchial ultrasound in the ICU.

The second part of this collection focuses on the pleural space. Pleural space pathology in critically ill patients is common, and more importantly, the last decade has witnessed a management transition to minimally invasive interventions. The reader is provided with timely reviews and the latest management techniques for pneumothoraces, persistent air leaks, and complex pleural space collections. The expanding role of pleuroscopy and its associated complications in the ICU is highlighted.

The final portion focuses on percutaneous tracheostomy and gastrostomy—key procedures in the ICU. Patient selection, preprocedural evaluation, techniques, and wound care management are systematically addressed in several articles published by experts in the field.

As we weave the ever-growing tapestry of evidence, this collection of manuscripts provides a state-of-the-art review on these dynamic and important subject areas. We hope these will serve as an important resource for both interventional pulmonologists and intensivists when caring for the critically ill patient who requires procedural intervention. The recommendations contained herein are based on data when available and endorsed by leaders in their fields. We welcome feedback from the readers of the *Journal of Thoracic Disease* so that we can continue to update and refine manuscripts on this subject matter in the future.

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