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Interventional Ultrasound in Chest Diseases: Indications and Limits

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Message from the Guest Editors

Lung ultrasound (LUS) is a real-time, easily available, non-invasive, and radiation-free imaging modality that has been widely utilized in the complementary diagnosis of several pleuropulmonary disorders. More specifically, transthoracic ultrasound (TUS) is the method of choice for the assessment of pleural effusion (as even small quantities of liquid can be detected) and is of high diagnostic utility in the detection of—despite not characterizing—small pleuropulmonary lesions adhering to 70% of the echographically visible pleural surface and other pathologies involving the chest wall. This Special Issue will focus on the role of LUS during routine evaluation and its new interventional uses in the diagnosis and management of chest diseases. In particular, intraoperative lung ultrasound (ILU) is a new complementary technique that deserves to be developed in light of its ability to effectively localize, in real-time, invisible or non-palpable pulmonary lesions during VATS, helping surgeons to perform biopsies with clear surgical margins and higher histological diagnostic yield.

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