

Author Reply

We thank the authors of the letter for their interest and the comments on our paper published in a recent issue of *Annals of Thoracic Medicine*.^[1]

Emphasizing the valuable role of the US-guided transthoracic needle aspiration (US-TTNA) for investigating pleural-based nodules is in absolute concordance with the message of our paper. However, from a clinical standpoint, we would like to stress that the key to increase the diagnostic accuracy and decrease the complications rate is the correct patients' selection.

In our paper, the reported pneumothorax rate of 4.4% of the US-TTNA is a pooled analysis from a systematic review which involved 10 relevant studies.^[2] The 0.4% complications rate of self-limiting pneumothorax reported using a specific technique that includes a dedicated US probe with a central hole and a semi-automated (20-gauge) modified Menghini type needle is impressive;^[3] however, this technique is not universally available nor universally applicable and further research is required to confirm these very promising results.

In conclusion, sampling peripheral lesions are often challenging, and the choice of the best approach should be individualized according to the specific characteristics of the patient and the lesion. Every available modality should be examined in that process to achieve the best possible care for our patients.

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