The application of ultrasonography in the detection of airway obstruction: a promising *area* of research or an unnecessary gadgetry?

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The utilization of ultrasonography in the evaluation of pulmonary field artifacts has become a standard practice among clinicians. However, there is a considerable lack of knowledge regarding the assessment of diaphragm mobility in the context of various lung diseases. Although numerous conditions are known to affect diaphragm mobility, including neurological, cardiovascular and infectious diseases, it appears that pulmonary diseases may also limit the mobility of this major respiratory muscle. Despite the evidence of diaphragm mobility disorders in patients diagnosed with lung cancer, there is a discrepancy in the literature regarding the function of diaphragm in individuals with chronic obstructive pulmonary disease (COPD). A shared aetiological factor frequently results in the co-occurrence of the aforementioned diseases, it is however *possible to detect patients whose obstructive airway disease is caused only by compression of infiltrative and nodal lesions rather than COPD.* Bilateral ultrasonographic assessment of diaphragmatic mobility in correlation with other available pulmonary function tests and imaging may prove to be a valuable approach *of isolating lung cancer patients with COPD overdiagnosis*.