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Comparative study between endoscopic ultrasonography and CT in diagnosis and staging of pancreatic cancer**Moaz Elsayed Elsayed Elshair**
Aichi Cancer Center Hospital, Japan

Background: Endoscopic ultrasonography (EUS) with or without fine needle aspiration has become the main technique for evaluating pancreatobiliary disorders. Multidetector computed tomography (MDCT) scan is often the first imaging test in a patient whose symptoms suggest pancreatic adenocarcinoma.

Objective: This thesis aims to evaluate the sensitivity and specificity of endosonography versus CT in diagnosis and staging of pancreatic cancer.

Patients & Methods: This study was carried on 30 patients with pancreatic cancer as proved by history, clinical examination and investigations included laboratory, CT, EUS and tissue biopsy. Classified in to 2 Groups: Group (I) - 21 patients suspected to have pancreatic cancer by clinical and lab with negative CT finding and diagnosed by EUS; Group (II) - 9 patients diagnosed by CT and EUS to have PC.

Result: EUS identified the presence of pancreatic head masses in 21 patients (70%), 7 patients (23.33%) with body masses and 2 patients (6.67) with papillary masses. Vascular invasion were detected in 8 cases (26.6%), lymph node infiltration were detected in 8 cases (26.6%), but no focal deposits detected in the liver by EUS, as it is oriented only for local staging (T staging) of pancreatic or papillary masses and also local nodal involvement (N staging), but not oriented for detection of distant metastases (M staging) to the liver or elsewhere. CT identified the presence of pancreatic body masses in 6 patients (66.67%) and head masses in 3 patients (33.33%), but no papillary masses detected. Vascular invasion were detected in 6 patients (20%), lymph node infiltration in 5 patients and liver deposits in 3 patients (10%).

Conclusions: EUS is useful for the detection of pancreatic cancers less than 3 cm in diameter and for the staging of cases in which CT is inconclusive. CT has the upper hand in detection of distant pancreatic metastasis.

dr_moazelsayed@yahoo.com