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Endoscopic ultrasound guided left lobe liver lesions biopsy with atypical malignancies, an alternative approach to radiological image guided biopsy: Initial experience from a single tertiary care center

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Introduction: Endoscopic Ultrasound (EUS) is gaining attraction as an alternative method of biopsy. It offers a more targeted approach for focal lesions in liver especially those areas which are accessible via EUS-guided method with its high diagnostic yield and limited adverse event profile making it more promising.

Method: A total of 7 patients from Feb 2018 till September 2018 underwent EUS-guided left lobe liver Lesions Biopsies (EUB-LLB). All patients gave informed written consent and procedure related details were explained. Coagulation profile and preprocedural nil per oral was similar as per standard gastroscopy and procedures were done under conscious sedation. EUS Guided LLB performed using 22G FNA needle, 2 passes were done with slow pull technique over one minute with 10-15 strokes in each pass to obtained core samples. All patients were discharged after 2 hours of observation similar to post gastroscopy practice with nil complications. Duration of procedures ranges from 15-30 minutes.

Result: Case-1: 78-Years-old male with history of gastrectomy 5 years back for biopsy proven gastric cancer, presented with weight loss and vague epigastric pain, CT scan showed left lobe SOL. Biopsy showed well differentiated adenocarcinoma from GI Tract. Case-2: 58-years-old male presented with weight loss and liver mass on CT scan. Hepatitis B and C screen was negative with normal AFP levels. Biopsy revealed sarcomatoid carcinoma. Case-3: 53-years-old male presented with weight loss and abdominal pain. He had multiple lesions identified on CT scan in liver. Biopsy revealed neuroendocrine tumor. Case-4: 35-years-old male presented with abdominal pain. Laboratory tests showed anti-HCV reactive with normal AFP levels. CT scan showed liver lesion suggestive of atypical hepatocellular carcinoma. Biopsy revealed smooth muscle tumor. As part of workup he also had gastroscopy and colonoscopy with no evidence of luminal malignancy. Case-5: 60-years-old female presented with weight loss, CT scan showed pancreatic malignancy with liver metastasis. Biopsy revealed metastatic adenocarcinoma. Case-6: 42-years-old female presented with obstructive jaundice from ampullary carcinoma. She underwent EUS staging which revealed left lobe lesion. Biopsy revealed metastatic adenocarcinoma. Case-7: 32-years-old male presented with weight loss and obstructive jaundice, CT scan showed left lobe malignancy consistent with cholangiocarcinoma with normal AFP and CA19-9 levels, his hepatitis B and C screen negative, biopsy revealed lympho-proliferative disease (lymphoma).

Conclusion: EUS-guided LLB is an alternative new technique for biopsy of liver lesions with suspected atypical malignancies. It appears to have higher level of safety and accuracy for targeted lesion biopsies. Further larger series are required for more supportive evidence.

Biography

Adeel Urrehman is an experienced Clinical Associate working in Sindh Institute of Urology and Transplantation, Pakistan. He is skilled in clinical research, medical education, medicine, gastroenterology and patient safety. He is a Member focused in gastrointestinal endoscopy from American Society of Gastrointestinal Endoscopy.

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