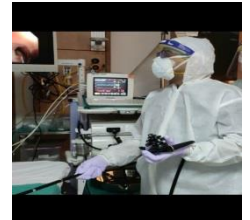


To compare the tissue diagnostic yield of solid lesion biopsies based on the histopathological Analysis of endoscopic ultrasound guided fine Needle aspiration (EUS–FNA) samples produced by the 19g procure needle, standard 19g needle and 22g procure needle: a single centre, observational study.

Mahesh Kumar Gupta

Associate consultant, Gastroenterology and transplant hepatology, FMRI, Gurgaon, INDIA



Abstract

Endoscopic ultrasound (EUS) is a sensitive method for detecting intestinal and extra-intestinal mass lesions including lymphadenopathy. FNA allows evaluating cellular findings suggestive of malignancy but inflammation causes cellular changes undistinguishable from neoplasia solely based on cytological evaluation, because tissue architecture and cell morphology are essential for accurate pathological assessment. Various EUS-guided techniques have been explored to retrieve tissue specimens with variable success and complication rates. Currently, the data are conflicting and more randomized trials comparing these needles to standard needles are required. The study was conducted at Medanta -The Medicity, Gurgaon as Single Centre, prospective, observational study. All the Patients, above 18 years of age, having intestinal and extra-intestinal solid mass lesions including lymphadenopathy, were subjected to EUS guided FNA. The study was conducted from June 2016 to May 2017. Patients with cystic lesions, refused to sign the informed consent and with coagulopathy (INR>1.5, Platelets <50000) were excluded from study. Total 215 patients were evaluated, out of which EUS-FNA was technically feasible in 210 (97.67%) cases. Three needle passes were made in every case. There was no significant difference between these three groups with regard to the age (p-value-0.676), gender (p-value-0.856), location (p-value-0.998), echogenicity (p-value-0.123), border (p-value-0.216), size (p-value-0.735 & 0.374) of the lesions and presence of calcification (p-value-0.093) or necrosis (p-value-0.729). Sample suitable for pathological evaluation were

Obtained in 90.5% cases with a tissue core in 45.7% cases. 28.1% lesions were malignant, 62.4% were benign and 9.5% remained undiagnosed. The histopathological diagnoses were possible in 87.1%, 90.0% and 94.3% cases respectively with 22G Procure, 19G Procure and 19G Standard needles (p-value-.350). Samples for the presence of blood clot in order of 19G procure (70.00%) > 22G procure (50.00%) > 19 G Standard (42.8%), (P-value 0.003). There was no post procedure complications noted in any groups.

Bibliography

Dr Mahesh Kumar Gupta, Associate consultant, Gastroenterology and transplant hepatology, FMRI, Gurgaon, INDIA

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