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Diagnostic Yield Of EUS-guided FNA For Pancreatic Lesions. A Case Series

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Background : EUS-guided fine-needle aspiration (EUS-FNA) has gained increasing popularity worldwide in the diagnosis and management of pancreatic lesions, including both cystic and solid. Several technologies are emerging to increase the diagnostic yield and risk stratification to guide subsequent management. The aim of this study was to audit and evaluate the diagnostic yield, safety of EUS-FNA of pancreatic lesions in Yan Chai hospital.

Methods : All cases of pancreatic lesions with EUS-guided FNA performed in Yan Chai Hospital from Jan 2018 to Jun 2021 were reviewed. Among which, pattens who underwent cytological or histological sampling with either FNA needle or FNB needle were identified. In patients who underwent surgery, operative histopathological findings were compared with cytological findings from EUS-FNA. Otherwise, EUS-FNA cytology findings were compared with clinical outcome upon follow-up.

Results : There were 38 patients identified with pancreatic lesions detected on computer tomography (CT) and confirmed by diagnostic endoscopic ultrasound. There were 24 cases using 19G/20G/22G FNB needle and 12 cases using 22G FNA needle. There were 18 cases using fanning technique during sampling. There were 9 cases with more than 3 passes of needles during procedure. There were 2 cases on macroscopic on-site evaluation performed. The overall sensitivity, specificity, PPV and NPV of FNA (all 38 cases) were respectively 70.3%, 90.9%, 95% and 55.5%. For complication. There was 1 cases of subclinical pancreatitis and 1 cases of sepsis.

Conclusions : This case series demonstrated that EUS-FNA is feasible and reliable method for diagnosis of pancreatic lesions. We are expecting the usage of different adjunct technique including fanning, suction, MOSE to increase the diagnostic yield in the future.

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