Abstract

**Background:** Diagnostic yield of the current available techniques in patients with upper end common bile duct (CBD) block is low; endoscopic ultrasound (EUS)-guided fine-needle aspiration (FNA) may be an alternative to evaluate the upper end CBD block. **Objectives:** To report the outcome of EUS FNA for the evaluation of unresectable proximal biliary strictures. **Setting:** The study was conducted in a tertiary care center at New Delhi, India. **Design:** This was a prospective cohort study. **Intervention:** EUS FNA of unresectable proximal biliary lesion or the suspicious metastatic nodes. **Outcome:** Performance of EUS FNA in the evaluation of unresectable proximal biliary hilar lesions. **Results:** A total of 123 patients underwent EUS for the evaluation of upper end CBD block. Eighty-three patients were suspected to have unresectable upper end CBD lesion, and EUS FNA was attempted in these patients. Final diagnosis was based on positive cytology, surgical specimen, and at least 1-year follow-up. Final diagnosis was malignancy in 75 patients and benign stricture in eight patients. EUS FNA was positive for malignancy in 68 out of 75 patients, and none of the patients with benign stricture showed malignancy in FNA specimen (sensitivity 90.66%, specificity 100%, positive predictive value 100%, and negative predictive value 53.33%). **Strength:** Large sample size. **Limitation:** Inclusion of both cholangiocarcinoma and gall bladder cancer patients. **Conclusion:** EUS FNA is highly sensitive tool for malignant lesions involving the upper CBD; low negative predictive value suggests that negative lesions need further evaluation.

**DOI:** 10.4103/2303-9027.212287

**P-HPB-05**

Endoscopic ultrasound-guided fine needle aspiration as a primary diagnostic modality in patients with unresectable proximal biliary strictures: A large single-center study

Vikas Singka, Anil Arora, Ankita Gupta
Sir Ganga Ram Hospital, New Delhi, India