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Usefulness of contrast-enhanced endoscopic ultrasonography for diagnosis of pancreatic tumors

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Background and Objectives: Contrast-enhanced endoscopic ultrasonography (CE-EUS) is noninvasive and can evaluate pancreatic tumors in detail. We investigated the usefulness of CE-EUS for diagnosis of pancreatic tumors. Methods: CE-EUS was performed for consecutive patients having a pancreatic solid lesion, and tumors were classified into three vascular patterns (hypervascular, isovascular, and hypovascular) at two time phases (early phase and late phase). Correlation between vascular patterns and histopathology of pancreatic tumors was ascertained. Results: The final diagnoses of 235 tumors histopathologically examined by surgery, EUS-guided fine needle aspiration (EUS-FNA), or biopsy of liver metastases were pancreatic cancer (PC) (n = 179), inflammatory mass (n = 12), autoimmune pancreatitis (n = 11), neuroendocrine tumor (n = 15), and others (n = 18). In late-phase images, 162 of 179 PCs had hypovascular pattern, for a diagnostic sensitivity, specificity, and accuracy of 91%, 68%, and 85%, respectively. In PCs, cases in which the contrast effect changed from early phase to late phase were seen in 80.7%, and this rate was significantly higher than others (P = 0.007). Hypervascular pattern was seen in five cases, and all of them were neuroendocrine tumor. Conclusion: CE-EUS could be useful for distinguishing PCs from other solid pancreatic lesions.

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