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Retrospective analysis of endoscopic ultrasound-guided fine needle data from a tertiary referral center in western India

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Objectives: To analyze our data of endoscopic ultrasound (EUS)-guided fine needle aspiration (FNA) done over the last 3 years. Methods: All cases referred for EUS-guided FNA were studied retrospectively. FNA was performed with a 22-gauge needle in the mediastinum and stomach. A 25-gauge was used for FNA from the duodenum. Core biopsy was taken from mediastinum and stomach with a 19-gauge needle and duodenum with a 22-gauge needle. All cystic lesions were aspirated with the 19-gauge needle. The first pass was made with a stylet and the subsequent passes were made without a stylet. Results: Total number cases – 344, pancreatic space-occupying lesion (SOL) – 142, pancreatic cystic lesions – 22, lymph nodes – 77, common bile duct (CBD) and ampullary masses – 42, gall bladder masses – 7, mediastinal masses – 9, liver SOL – 7, others – 39, Others: Antral mass – 3, gastric wall thickening – 6, porta masses – 5, para-aortic masses – 5, submucosal gastric mass – 15, posterior rectal mass – 2, retroperitoneal masses – 3. Findings: (1) In West India, pancreatic tumors and lymphadenopathies are the most common indications. (2) Core biopsy is a short coming...
Abstract

for cases which require immunohistochemistry, for example, neuroendocrine tumor, lymphoma, and mediastinal tumors. (3) EUS is the most important tool for pancreatic cystic lesions. (4) EUS is an important tool for diagnosis of CBD and gallbladder masses. EUS gives accurate diagnosis in gastric submucosal lesions, infiltrative gastric wall lesions, and retroperitoneal masses. **Conclusions:** EUS has changed the paradigm in management of difficult to treat diseases such as pancreatic masses, cystic lesions of the pancreas, and lymphadenopathy in Western India.

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