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Summary

# ENDOSCOPIC ULTRASOUND FOR NODAL STAGING IN PATIENTS WITH RESECTABLE CHOLANGIOCARCINOMA

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**Preoperative endoscopic ultrasound with tissue acquisition identified lymph node metastases and precluded unnecessary surgery in 4.4% of patients with potentially resectable cholangiocarcinoma in a retrospective single-center study.**

## KEY POINTS

- Among 136 patients with potentially resectable cholangiocarcinoma, EUS with tissue acquisition precluded surgical exploration in 6 patients (4.4%): 5 due to confirmed metastatic lymph nodes and 1 due to undiagnosed superior mesenteric artery encasement.
- Lymph node metastases were detected by EUS tissue acquisition in 25% of intrahepatic CCA, 15.4% of middle bile duct CCA, 6.2% of perihilar CCA, and 4.3% of distal CCA cases.
- In 150 EUS procedures across 136 patients, 139 lymph nodes were identified and tissue acquisition was performed on 63 lymph nodes in 55 patients, with no procedure-related complications.
- The authors conclude that preoperative EUS shows clinically relevant yield for nodal staging in presumed resectable cholangiocarcinoma and recommend future prospective studies on systematic nodal staging with EUS.

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