EUS-SHEAR WAVE ELASTOGRAPHY MEASUREMENT IN THE PANCREATIC BODY CONTRIBUTES TO THE ACCURACY OF DIAGNOSIS OF CHRONIC PANCREATITIS BY ROSEMONT CRITERIA

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Retrospective study of 50 patients found that shear wave elastography measurement in the pancreatic body showed the highest diagnostic accuracy for chronic pancreatitis and correlated well with Rosemont criteria, with lobularity with honeycombing identified as an independent factor affecting pancreatic stiffness.

KEY POINTS

- In 34 chronic pancreatitis cases and 16 non-chronic pancreatitis cases, shear wave velocity values were significantly higher in the chronic pancreatitis group across all pancreatic regions ($p<0.001$)
- The pancreatic body showed the highest diagnostic accuracy with a cutoff of 2.33, AUC 0.87 (95% CI 0.76-0.98), and the strongest correlation between shear wave velocity and number of Rosemont criteria ($rs=0.55$)
- Multivariate analysis identified lobularity with honeycombing as the only independent Rosemont criterion affecting pancreatic stiffness (OR 11.1, 95% CI 1.4-88.1, $p=0.02$)
- The authors conclude that EUS shear wave elastography provides an objective quantitative measure of pancreatic hardness for diagnosing chronic pancreatitis, with the pancreatic body being the optimal measurement site

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