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Summary

ACCURACY OF TRANSABDOMINAL ULTRASOUND 2D SHEAR WAVE ELASTOGRAPHY COMPARED TO ENDOSCOPIC ULTRASOUND IN THE DIAGNOSIS OF CHRONIC PANCREATITIS

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Pancreas

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A prospective case-control study of 102 patients found that transabdominal ultrasound with 2D shear wave elastography significantly differentiated chronic pancreatitis from controls and correlated with endoscopic ultrasound Rosemont criteria.

KEY POINTS

- Median pancreatic stiffness measured by 2D shear wave elastography was significantly higher in chronic pancreatitis patients (1.83 m/s) compared to controls (1.50 m/s, $p<0.0001$).
- A cutoff value below 1.42 m/s ruled out chronic pancreatitis with 97% sensitivity and 98% negative predictive value, while a cutoff above 1.97 m/s diagnosed chronic pancreatitis with 97% specificity and 92% positive predictive value.
- Shear wave elastography values correlated significantly with both the Gemelli USCP ultrasound score ($p<0.001$) and endoscopic ultrasound Rosemont criteria ($p<0.001$).
- The study excluded patients with liver cirrhosis, acute pancreatitis, or inability to visualize the pancreas with ultrasound.
- This material would interest clinicians seeking non-invasive diagnostic alternatives to endoscopic ultrasound for chronic pancreatitis.

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