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Summary

OPTIMIZING DIAGNOSTIC YIELD IN INDETERMINATE BILIARY STRICTURE: COMPARISON OF SAMPLING TECHNIQUES AND DIFFERENT FORCEPS SIZES - A MULTICENTER, RANDOMIZED TRIAL

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A prospective randomized multicenter study found that bite-on-bite biopsy technique using larger forceps (Spybite max.) achieved 85% sensitivity and 95% specificity for diagnosing indeterminate biliary strictures during single-operator cholangioscopy.

KEY POINTS

- The study compared three biopsy techniques in 60 patients: single biopsy, multiple biopsies with suction, and bite-on-bite biopsies, with at least 6 samples obtained per group.
- In phase 1, bite-on-bite technique achieved 79% sensitivity and 92% specificity, while multiple biopsies with suction showed significantly lower performance at 61% sensitivity and 85% specificity, with 47.8% sample loss during suction.
- In phase 2, larger forceps (Spybite max.) combined with bite-on-bite technique significantly increased sensitivity to 85% and specificity to 95% compared to conventional forceps.
- Larger forceps obtained histological samples in 91.7% of cases versus 51.7% with conventional forceps, reducing cytological-only samples from 48.3% to 8.3%.
- This study provides evidence for clinicians performing cholangioscopy-guided biopsies of indeterminate biliary strictures.

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