THE UTILITY OF ENDOSCOPIC ULTRASOUND-GUIDED TISSUE ACQUISITION WITH RAPID ON-SITE EVALUATION FOR SMALL GASTRIC SUBEPITHELIAL LESIONS: A SINGLE-CENTER EXPERIENCE

Hitoshi Kondo

UEG Week Berlin 2025 | Poster

Oesophagus

October 7, 2025

A retrospective study of 163 patients found that EUS-guided tissue acquisition combined with rapid on-site evaluation achieves comparable diagnostic accuracy for gastric subepithelial lesions smaller than 20 mm versus larger lesions, with 88% adequate specimen collection and 56% diagnosed as GISTs.

KEY POINTS

- In patients with gastric SELs under 20 mm, the adequate specimen collection rate was 88% compared to 93.8% for lesions 20 mm or larger, a difference that was not statistically significant
- GIST was the most common diagnosis in both size groups, accounting for 56% of lesions under 20 mm and 61.9% of larger lesions
- Among 26 surgically resected GISTs in the smaller lesion group, 3 cases (11.5%) were classified as high-risk of recurrence
- The median number of needle passes required was significantly higher for lesions under 20 mm (2.5 versus 2.0 passes, $P < 0.05$)
- FNB needles showed no superiority over FNA needles for adequate sample acquisition or diagnostic accuracy in either size group

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