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Summary

THE ROLE OF CONTRAST ENHANCED ENDOSCOPIC ULTRASOUND POST TISSUE ACQUISITION: ENLIGHTENING OR EXCESSIVE??

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Pancreas

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A retrospective study of 1597 patients found no statistically significant association between contrast-enhanced endoscopic ultrasound grading of post-tissue acquisition bleeding and clinical outcomes including haemoglobin drop, need for intervention, or death.

KEY POINTS

- 60 of 1597 patients (4.4%) developed hematoma or new fluid collection after EUS tissue acquisition, with an overall intervention rate of 0.31%
- Patients were graded using contrast-enhanced EUS with Sonazoid based on perfusion extent in the hematoma, divided into no leak (grade 0) and active leak (grade 1-3) groups
- No significant differences were found between groups in patient demographics, lesion characteristics, needle size, or number of passes
- Fisher's exact test showed no statistically significant association between CE-EUS grading and haemoglobin drop, need for intervention, or death (p=0.413)
- The authors conclude that post-EUS tissue acquisition bleeding is mostly mild and self-limiting, and that more studies are needed to determine if CE-EUS can objectively predict adverse outcomes

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