

EFFICACY OF HISTOLOGIC DIAGNOSIS OF PANCREATIC MICROCYSTIC SEROUS CYSTADENOMAS USING ENDOSCOPIC ULTRASOUND GUIDED FINE-NEEDLE BIOPSY

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Poster

Pancreas

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A retrospective case series of 23 patients demonstrates that EUS-guided fine-needle biopsy achieved histological diagnosis of microcystic serous cystadenomas in 78% of cases with minimal adverse events.

KEY POINTS

- Fine-needle biopsy using a 22-gauge fork tip needle established histological diagnosis of serous cystadenoma in 18 of 23 patients (78%) with suspected microcystic pancreatic lesions
- Mean cyst size was 33.3 ± 14 mm (range 8-60 mm) and mean number of passes was 1.4 ± 0.63 (range 1-3)
- One patient experienced intra-lesional bleeding after initial needle puncture requiring no admission or further intervention, with no other adverse events including pancreatitis reported
- Authors suggest this approach may eliminate need for follow-up imaging and surveillance once diagnosis is confirmed and may prevent unnecessary surgery when fine-needle aspiration is non-diagnostic
- This single-center retrospective study may be relevant to gastroenterologists and interventional endoscopists managing patients with suspected pancreatic serous cystic neoplasms

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