

THE CLINICAL UTILITY OF ENDOSCOPIC ULTRASOUND IN INVESTIGATING BILIARY PAIN

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Poster

Hepatobiliary

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In a retrospective UK study of 565 patients with biliary pain and prior non-diagnostic imaging, endoscopic ultrasonography yielded a diagnosis in 59% overall and led to symptom resolution in 62% of those with positive findings after intervention.

KEY POINTS

- Among 565 patients referred for EUS between 2015-2019 after extensive prior imaging (500 ultrasounds, 316 CTs, 315 MRCPs), 334 (59%) had diagnostic findings including microlithiasis, stones, chronic pancreatitis, and four malignancies.
- Diagnostic yield was highest in patients with both abnormal liver function tests and biliary dilatation (78%) and lowest in post-cholecystectomy patients with normal tests and non-dilated ducts (32%).
- Of 311 patients with treatable biliary pathology, symptom resolution at median 54-month follow-up occurred in 63% after ERCP, 67% after cholecystectomy, 83% after combined intervention, but only 33% with conservative management.
- Patients with diagnostic EUS had significantly higher symptom resolution than those without identified pathology (62% vs 35%, $p < 0.05$), supporting EUS use even when liver tests are normal and bile ducts non-dilated.
- This material is most relevant to gastroenterologists and hepatobiliary surgeons managing patients with persistent biliary-type pain after initial negative workup.

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