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Summary

DIAGNOSTIC YIELD OF ENDOSCOPIC AND EUS-GUIDED BIOPSY TECHNIQUES IN SUBEPITHELIAL LESIONS OF THE UPPER GASTRO-INTESTINAL TRACT: A SYSTEMATIC REVIEW AND META-ANALYSIS

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Oesophagus

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A systematic review of 94 studies comparing biopsy techniques for upper gastrointestinal subepithelial lesions found MIAB and EUS-FNB achieved the highest diagnostic yields with comparable complication rates.

KEY POINTS

- MIAB achieved the highest pooled diagnostic yield at 88.2% (95% CI 84.7-91.1%), followed by EUS-FNB at 84.2% (95% CI 80.7-87.2%), EUS-FNA at 74.6% (95% CI 69.9-78.7%), and endoscopic biopsy at 40.6% (95% CI 30.8-51.2%).
- Procedure-related complications graded Clavien-Dindo 2 or higher ranged from 1.9-6.7% for MIAB, 1.2-7.7% for EUS-FNB, 1.0-4.5% for EUS-FNA, and 2.8-3.9% for endoscopic biopsies.
- The review included 94 original papers comprising 8 studies on endoscopic biopsy, 55 on FNA, 33 on FNB, and 26 on MIAB, with notable heterogeneity observed across studies.
- The authors conclude that MIAB and EUS-FNB appear most effective for achieving high diagnostic yield with similar adverse event rates in upper gastrointestinal subepithelial lesions.

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