gutflix
GI learning, personalised

Summary

PREOPERATIVE EVALUATION OF LYMPH NODES OF RESECTABLE CHOLANGIOCARCINOMA BY ENDOSCOPIC ULTRASOUND: THE POELH TRIAL

Lydi van Driel

UEG Week Barcelona 2026 | Presentation

Pancreas | Radiology & Imaging | Hepatobiliary | Endoscopy

October 19, 2026

Systematic preoperative EUS with lymph node sampling in resectable cholangiocarcinoma yielded important findings in 24.2% of patients and changed clinical decision-making in 19.1%, primarily by identifying metastases that precluded surgery.

KEY POINTS

- In 256 patients with presumed resectable intrahepatic or perihilar cholangiocarcinoma, systematic EUS identified lymph node metastases in 44 patients, pancreatic ingrowth in 14 patients, and other significant findings (IgG4-cholangiopathy, adrenal metastases, pancreatic cancer, lymphoma) in single cases.
- EUS precluded surgery in 43 patients (16.8%) and altered the surgical plan in 6 patients; in 12 patients with regional lymph node metastases identified by EUS, surgery was pursued regardless.
- Among 156 patients who proceeded to surgical exploration without EUS-proven lymph node metastases, extraregional metastases were missed in 8 patients who underwent futile open-close procedures.
- EUS-related complications occurred in 3 of 286 procedures (1%): one bleeding requiring embolization (AGREE III) and two cases of temporary hypotension (AGREE I).
- Of lymph node metastases identified by EUS, 57% had been labeled pathological on prior cross-sectional imaging, 13% benign, and 29% were not described on imaging.

VIEW THIS CONTENT ON GUTFLIX

https://gutflix.eu/search/d/e38c84b2-d12a-11f1-93d3-daaa6dbee0a2

AI-generated summary

This summary was generated by an AI large language model based on the content transcript. It is for informational purposes only and should not be considered a substitute for clinical judgment. Always rely on your professional expertise and the full clinical context when making clinical decisions.