

PREOPERATIVE ENDOSCOPIC ULTRASOUND WITH TISSUE ACQUISITION OF LYMPH NODES IN PATIENTS WITH RESECTABLE INTRAHEPATIC CHOLANGIOCARCINOMA

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In a retrospective multicentre study of 56 patients with resectable intrahepatic cholangiocarcinoma, preoperative endoscopic ultrasound with tissue acquisition of lymph nodes confirmed malignancy in 35% of patients and led to withholding surgery in 30%.

KEY POINTS

- Endoscopic ultrasound with tissue acquisition was performed on 55 lymph nodes in patients with potentially resectable intrahepatic cholangiocarcinoma between 2010 and 2020, confirming malignancy in 21 lymph nodes of 19 patients (35% yield)
- Surgical exploration was precluded due to positive lymph nodes in 17 patients (30%), while 15 patients (27%) did not undergo surgery for other reasons such as tumour progression
- Of the 24 patients (43%) who underwent surgical exploration, only 8 (33.3%) underwent resection after a median period of 1.5 months
- Five patients (21%) had positive lymph nodes at surgical exploration that were not detected at endoscopic ultrasound, including 2 patients with extraregional lymph nodes
- This material is relevant to gastroenterologists, hepatobiliary surgeons, and oncologists managing patients with intrahepatic cholangiocarcinoma and considering preoperative staging strategies

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