

IMPROVING POST-TEST PROBABILITY FOR DIAGNOSIS OF PANCREATIC DUCTAL ADENOCARCINOMA USING A MULTIMODAL ENDOSCOPIC ULTRASOUND APPROACH: A SINGLE CENTER RETROSPECTIVE STUDY INTEGRATING CONTRAST-ENHANCED ENDOSCOPIC ULTRASOUND, STRAIN RATIO ELASTOGRAPHY AND DET

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Poster

Pancreas

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A retrospective study of 59 patients with focal pancreatic masses evaluated whether combining contrast-enhanced EUS, strain ratio elastography, and Detective Flow Imaging improves diagnostic accuracy for pancreatic ductal adenocarcinoma.

KEY POINTS

- Among 59 patients with focal pancreatic masses, 41 (69.5%) had PDAC, 13 had neuroendocrine tumors, 3 had inflammatory lesions, and 2 had metastases, confirmed by histopathology and/or radiological workup with at least 6 months follow-up.
- Individual modalities showed variable performance: DFI (hypovascularization) had 83.3% sensitivity and 84.6% specificity, SRE (strain ratio >10) had 88.2% sensitivity and 75.0% specificity, and CH-EUS (hypoenhancement) had 63.2% sensitivity and 86.7% specificity.
- Multimodal combinations, particularly those including DFI, achieved 100% specificity and positive predictive value: SRE plus DFI (n=24) and the triple combination of CH-EUS, SRE, and DFI (n=20) both reached 100% specificity.
- The authors conclude that multimodal EUS approaches using these ancillary techniques, especially combinations with DFI, may improve post-test probability for PDAC by providing high specificity and positive predictive value.

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