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Summary

COMPREHENSIVE ANALYSIS OF ENDOSCOPIC ULTRASOUND (EUS) IN MEDIASTINAL LESIONS: PATIENT CHARACTERISTICS, DIAGNOSTIC OUTCOMES, SAFETY, AND EFFICACY: A MULTICENTER STUDY

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Oesophagus

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A multicenter study of 439 patients across ten countries found that endoscopic ultrasound achieved 90.63% diagnostic accuracy for mediastinal lesions, with diagnostic yield influenced by needle characteristics and technique parameters.

KEY POINTS

- Smaller diameter needles (22G) offered greater diagnostic yield than larger diameter needles (19G), though the difference in diagnostic matching accuracy was not statistically significant (p=0.774).
- Fewer needle passes (2 to 4) showed higher diagnostic yield and significantly better diagnostic matching accuracy than more than 5 passes (p=0.009).
- Complications were infrequent, with EUS-FNB showing 0.5% incidence each for fever, pain, thoracic pain, and hemorrhage; overall complication rates were not significantly different between EUS-FNA and EUS-FNB (p=0.085).
- Diagnostic yield was influenced by needle type, needle size, number of needle passes, and lesion size.
- This material is relevant for endosonographers and clinicians evaluating approaches to mediastinal lesion diagnosis.

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