

EUS PRIOR TO ERCP IN CASES WITH DILATED CBD ON OTHER IMAGING WITH NORMAL OR BORDERLINE DERANGED LFT- IS IT REALLY WORTH?

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In 900 patients with dilated common bile duct and inconclusive imaging, EUS performed prior to ERCP identified diverse etiologies and avoided ERCP in 38.1% of cases.

KEY POINTS

- ERCP was performed in 557 of 900 patients (61.9%) after EUS evaluation, while 38.1% avoided ERCP based on EUS findings
- The most common findings were CBD stones (482 patients), presumed spontaneous stone passage (86 patients), periampullary diverticulum (60 patients), and Type 1 choledochal cyst (44 patients)
- Malignancies identified included 34 ampullary tumors, 12 distal cholangiocarcinomas, and 8 pancreatic malignancies, with FNA performed and surgery offered to those without cholangitis
- Other findings included impacted ampullary stones (30 patients), chronic pancreatitis-related strictures (12 patients), distal CBD polyps (12 patients), and post-cholecystectomy dilatation (20 patients)
- The authors conclude that EUS has remarkable diagnostic yield in detecting the etiology of dilated CBD when other imaging is inconclusive

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