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Summary

Mistakes in endoscopic ultrasonography and how to avoid them

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Mistakes In Articles

Endoscopy | Radiology & Imaging

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This material discusses the most frequent mistakes made in pancreatobiliary and digestive endoscopic ultrasonography imaging.

KEY POINTS

- Understanding anatomical variations and postoperative modifications is vital when undertaking EUS.
- Choosing the correct linear echoendoscope for the structures being examined is important, with different scopes suited to different regions such as the hilum of the liver versus the tail of the pancreas.
- Difficulties with tissue acquisition can arise related to tumour location and internal structures, and there are situations when sampling is contraindicated.
- Consideration needs to be given to the use of contrast with special settings and to difficulties in differential diagnosis of pancreatic solid lesions, indeterminate biliary strictures, and gastric neuroendocrine tumours.
- The role of EUS assessment after neoadjuvant therapy should be considered.

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