

MACROSCOPIC ON-SITE MAGNIFIER-BASED EVALUATION TO ESTIMATE VISIBLE TISSUE CORE CUTOFF LENGTHS USING EUS-FNA WITH 22-GAUGE NEEDLES

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Poster

Oesophagus

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A prospective pilot study of 79 patients found that macroscopic on-site evaluation using a magnifying glass during EUS-FNA of solid gastrointestinal masses achieved 87.1% histological diagnostic rate and identified 7.45 mm as the optimal visible tissue core length cut-off for predicting specimen adequacy.

KEY POINTS

- EUS-FNA was performed on 93 masses in 79 patients with 249 total needle passes, achieving 100% completion rate and 1.1% complication rate.
- Diagnostic performance with macroscopic on-site evaluation showed 85.9% sensitivity, 100% specificity, and 87.1% overall histological diagnostic rate.
- ROC curve analysis determined an optimal visible tissue core cut-off length of 7.45 mm (AUC 0.838), with sensitivity 80.8% and specificity 66.7% at this threshold.
- Multivariate analysis showed that visible tissue core length ≥ 7.45 mm and maximum lesion diameter were significantly associated with higher diagnostic rates, while lesion location and puncture method were not.
- The authors conclude that magnifier-based macroscopic on-site evaluation is a practical alternative to rapid on-site evaluation for assessing specimen quality and may reduce the number of needle passes required.

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