gutflix
GI learning, personalised

Summary

DRY SUCTION VERSUS WET SUCTION TECHNIQUE OF ENDOSCOPIC ULTRASOUND-GUIDED FINE-NEEDLE BIOPSY FOR DIAGNOSIS OF SOLID PANCREATIC LESIONS: A MULTICENTER RANDOMIZED CONTROLLED NON-INFERIORITY TRIAL

Yue Li

UEG Week Vienna 2024 | Poster

Pancreas

October 13, 2024

A multicenter randomized trial demonstrates that dry suction is non-inferior to wet suction for EUS-FNB of solid pancreatic lesions using 22G Franseen needles, with one pass sufficient for diagnosis.

KEY POINTS

- In 195 patients randomized to dry versus wet suction EUS-FNB, diagnostic accuracy was nearly identical at 98.95% and 98.98% respectively, meeting non-inferiority criteria with a 0.05% difference and 90% CI of -4.88% to 4.82%.
- Sensitivity and specificity did not differ significantly between groups, with sensitivity at 98.80% for dry and 98.77% for wet suction, and specificity at 100% in both groups.
- In the absence of rapid on-site evaluation, only one needle pass was required to achieve diagnostic accuracy of at least 95%, as no significant improvement was seen with second or third passes.
- Adverse event rates were low overall at 0.52%, with no significant difference between dry and wet groups, and specimen quality including sample adequacy and blood contamination was comparable.
- This trial is relevant for endoscopists performing EUS-FNB of pancreatic lesions, particularly in settings without on-site cytopathology support.

VIEW THIS CONTENT ON GUTFLIX

https://gutflix.eu/search/d/735052b0-9111-11ef-85f8-0242ac140004

AI-generated summary

This summary was generated by an AI large language model based on the content transcript. It is for informational purposes only and should not be considered a substitute for clinical judgment. Always rely on your professional expertise and the full clinical context when making clinical decisions.