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Summary

RAPID DIAGNOSIS BY A PATHOLOGIST USING HE STAINING DURING EUS-TA FOR PANCREATIC DISEASE ENABLE A RAPID AND HIGH ACCURACY, AND MAKE IT POSSIBLE TO DIAGNOSE NON-IDC AT THE STAGE OF RAPID DIAGNOSIS

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Pancreas

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A retrospective study of 239 patients found that rapid on-site pathologist diagnosis using HE staining during EUS tissue acquisition for pancreatic lesions achieved 96.7% accuracy in distinguishing benign from malignant disease and successfully identified all non-invasive ductal carcinoma cases.

KEY POINTS

- The study included 239 patients who underwent EUS-FNA for pancreatic disease between 2020 and 2022, comprising 37 benign, 179 invasive ductal carcinoma, and 23 non-invasive ductal carcinoma cases.
- Rapid diagnosis by a pathologist using HE staining achieved 96.7% accuracy for benign versus malignant distinction, compared to 97.9% accuracy for final EUS tissue acquisition diagnosis.
- All 11 non-invasive ductal carcinoma cases among 77 surgical patients were correctly identified as non-invasive ductal carcinoma at the rapid diagnosis stage.
- The authors note that rapid diagnosis by pathologists may enable earlier in-hospital conferences and treatment initiation for invasive ductal carcinoma cases, though this reflects institutional experience rather than a comparative outcome measure.
- The material may be most relevant to pathologists and endosonographers considering implementation of rapid on-site evaluation protocols for pancreatic EUS procedures.

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