



P1

LINEAR ENDOSCOPIC ULTRASONOGRAPHY CLINICAL IMPACT IN PATIENTS SUSPECTED OF NEUROENDOCRINE PANCREATIC TUMOR.

R.Manta*, A.Messerotti, H.Bertani, E.Dabizzi, M.Manno, VG.Mirante, C. Barbera, R. Conigliaro
Gastroenterology and Digestive Endoscopy Unit, *Nuovo Ospedale Civile S. Agostino Estense di Baggiovara, Modena, Italy*

BACKGROUND:

Endoscopic ultrasonography (EUS) is a valuable diagnostic tool to evaluate pathologies in or in relation to the Upper GI tract. To detect pancreatic neuroendocrine tumors (P-NETs) EUS is an accurate test because of providing high-resolution imaging in close proximity to the pancreas and allowing to obtain cytology from lesions by operative FNA.

AIM OF THE STUDY:

Aim of the study is to evaluate the diagnostic yield of EUS in patients with suspected P-NETs.

METHODS :

From November 2006 to February 2009, 14 consecutive patients were referred to our Digestive Endoscopy Unit in order to perform an EUS, in suspicion of PNETs. All patients were studied by two skilled endoscopists, using a linear echoendoscope. Retrospective analysis of obtained data were performed.

RESULTS :

10 patients were females and 4 males. The median age was 48 years (range 14-93). 4 patients had symptoms (3 hypoglycaemia; 1 jaundice), suggesting that an insulinoma could be present. The remaining 10 patients had different kinds of symptoms, including patients whose tumour was found by another imaging modalities. In 7 patients CT scan showed normal findings. As regard the localization, 2 lesions were located in the head of pancreas, 2 in the in the isthmus, 7 in the body and 3 in the tail. The mean size of lesions was 1,4 cm (range 0,8 cm – 3,5 cm). All lesions have undergone to FNA , 8 by 22 G needle, 6 by 25 G needle. As regard the cyto-histologic typing, 8 lesions were well differentiated NETs, 3 lesions were poorly differentiated NETs and 3 lesions were insulinomas. 9 patients subsequently underwent surgical resection (wedge resection). At 6 months follow up, the 3 patients with insulinoma who underwent surgical resection, are free from symptoms. In 5 asymptomatic patients where no surgical resection was performed, it was proposed a follow up to 6 months.

CONCLUSIONS :

EUS may detect P-NETs not visualized by other imaging modalities, despite any lesion size. Therefore EUS should be performed early in the diagnostic work up if a P-NET is suspected.