



EUS vs MRI in diagnosis and staging of ampullary tumors.

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Background and Aim:

Ampullary tumors are a rare disease, difficult and hard to diagnose. Symptoms are usually vanishing and broad. The correct diagnosis is reached after many serological, radiological and/or endoscopic tests. Biliary tract dilation is the most frequent finding detected in ampullary tumors in abdominal imaging scan. It also has been an impression that EUS evaluation of biliary tract dilation is a low –yield examination in the setting of pts with biliary tract dilation, especially in case of clinical suspicion of ampullary tumor.

The **Aim** of the study was to assess the impact of linear EUS vs MRI in patients with biliary tract dilation and clinical suspect of ampullary tumor.

Methods:

We studied 14 Pts (8M/6F, mean age:54 yrs) referred to our Unit with cholestatic syndrome (jaundice, elevated serum liver enzymes and Ca-19.9) and clinical suspicious of ampullary tumor. All patients underwent CT and MRI before EUS and both radiological technique were negative for biliary and head's pancreatic diseases or were unclear. Exclusion criteria were previously therapeutic ERCP or known biliary o pancreatic disease. EUS was performed from two skilled operators with a lateral probe (EGF..Pentax- Hitachi).

All serological data of the patients (Ca 19.9, bilirubine, GGT,Alkaline phosphatase...) were registered.

Results:

All patients referred to our unit underwent EUS evaluation and were included in the study. In all cases EUS revealed the cause of jaundice with sensitivity and a specificity of 100% vs MRI which failed the correct diagnosis in all but one patient. Moreover EUS has allowed a corrected T staging of ampullary tumor according to histological results after surgical or y or endoscopic resection .

Conclusions

Ampullary tumors are a rare disease difficult to diagnose with standard radiological technique. EUS is a sensitive and specific technique in clinical suspicion of ampullary tumors. It allows to correctly diagnose it and to stage the mucosal infiltration of the lesion in order to direct the patient to a correct treatment.