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A new Era for Pancreatic Endoscopic Ultrasound: from imaging to molecular patho



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Abstract: A suspected **pancreatic** lesion can be a difficult challenge for the clinician. In the last years we have witnessed tumultuous technological improvements of the radiological and nuclear medicine **imaging**. Taking this into account, we will try to delineate the **new role of endoscopic ultrasound (EUS)** in **pancreatic imaging** and to place it in a shareable diagnostic and staging algorithm of ...

Published in: **Journal of gastrointestinal oncology** · 2013

Authors: **Claudio De Angelis · R F Brizzi · Rinaldo Pellicano**

About: **Bioinformatics**

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INTRODUCTION

Endoscopic Ultrasound (EUS) was developed in the 1980s in an attempt to improve ultrasound imaging of the pancreato-biliary system. The most significant technological development achieved by EUS along its history has been the linear probe. This has given the possibility to track a needle in real time across the image plane into a target lesion, that is the basis of all EUS-guided therapeutic procedures. Over the years, the technique has been implemented and are still ongoing today. Nowadays, EUS is considered an indispensable tool for detection, characterization and differential diagnosis of solid pancreatic lesions, including pancreatic ductal adenocarcinoma (PDAC)^[1]. The reported sensitivity of EUS in detection of PDAC is between 94% and 100%^[2,3]. Compared with multidetector computed tomography (MDCT), EUS can detect about 14% of pancreatic cancers that were missed on MDCT^[3]. In particular, EUS performs better for the detection of tumours smaller than 20 mm where both magnetic resonance imaging (MRI) and computed tomography (CT) have higher miss rates^[4-6]. A meta-analysis evaluated the performance of EUS in those patients

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