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Basic technique in endoscopic ultrasound-guided fine **needle** aspiration for **solid** lesions: What **needle is the best**? Jesse Lachter Department of Gastroenterology, Rambam Healthcare Campus EUS Service, Technion - Israel Institute of Technology, Faculty of Medicine, Haifa, Israel

Published in: **Endoscopic ultrasound** · 2014

Authors: **Jesse Lachter**

Affiliation: **Technion Israel Institute of Technology**

About: **Fine-needle aspiration** · **Endoscopic ultrasound**

Optimizing Diagnostic Yield for EUS-Guided Sampling of ...

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3736792>

Endoscopic ultrasound-guided fine-**needle** aspiration (EUS-FNA) has a higher diagnostic accuracy for **pancreatic** cancer than other techniques. This article will review the current advances and considerations for optimizing diagnostic yield for EUS-guided **sampling of solid pancreatic** lesions.

Cited by: 15 Author: Brian R. Weston, Manoop S. Bhutani

Publish Year: 2013

(PDF) Endoscopic ultrasound (EUS) guided fine needle ...

https://www.researchgate.net/publication/324839553_Endoscopic...

Background: diagnosis of early chronic pancreatitis (CP) is hampered due to the low accuracy of current imaging techniques and the absence of methods for histological confirmation

EUS-guided biopsy using a Franseen needle design: An ...

https://www.researchgate.net/publication/310789379_EUS-guided...

ESGE does not recommend for or against using the **needle** stylet for EUS-guided **sampling of solid masses** and LNs with FNA needles (high quality evidence, strong recommendation) and suggests using

EUS-guided FNA for diagnosis of solid pancreatic neoplasms

Name of Journal: *World Journal of Gastrointestinal Endoscopy*

Manuscript NO: 48724

Manuscript Type: REVIEW

Endoscopic ultrasound-guided sampling of solid pancreatic masses: the fine needle aspiration or fine needle biopsy dilemma. Is the best needle yet to come?

Conti CB *et al.* EUS-FNA/FNB for solid pancreatic masses

Clara Benedetta Conti, Fabrizio Cereatti, Roberto Grassia

Abstract

Fine needle aspiration (FNA) is nowadays the standard of care for sampling pancreatic solid masses by using endoscopic ultrasound (EUS). The accuracy of the technique is reported to be high, especially if coupled with the rapid on site evaluation (ROSE) and it shows high safety profile. However, FNA presents some limitations, as the small amount of tissue which can be collected and the inability of obtaining a core tissue with intact histological architecture, relevant to perform immunohistochemical analysis, molecular profiling and, therefore, targeted therapies. Moreover, the presence of the ROSE by an expert cytopathologist is very important to maximize the diagnostic yield of FNA technique; however, it is not widely available, especially in small centers. Hence, the introduction of EUS fine needle biopsy (FNB) with a new generation of needles, which show a high safety profile too and a satisfying diagnostic accuracy, even in the absence of ROSE, could be the

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Published in: **Endoscopic** ultrasound · 2014

Authors: Jesse Lachter

Affiliation: Technion Israel Institute of Technology

About: **Fine-needle aspiration** · **Endoscopic** ultrasound

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Conclusion The combination of RTE with endoscopic ultrasound-guided fine-needle aspiration appears to be an efficient and safe technique for the characterization of solid pancreatic masses. View ...

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Endoscopic Ultrasound–Guided Fine Needle Aspiration in the Staging of Pancreatic Cancer. If the frequency of nonperitumoral lymph nodes was greater than 4%, EUS-guided FNA was the least costly procedure: \$15,938 versus \$16,378 for CT-guided FNA and \$18,723 for surgery.

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