

ORAL ABSTRACTS

Endoscopic Ultrasound Guided Fine Needle Aspiration of Lymph Nodes

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Introduction: Endosonographic features for prediction of lymph node malignancy (short axis size > 10mm, round shape, well-demarcated borders, homogeneously hypoechoic) is not satisfactory. Only 25% of malignant lymph nodes have all these features. Endoscopic ultrasound guided fine needle aspiration (EUS-FNA) of lymph nodes increases accuracy.

Aim: Our aim is to evaluate the impact of EUS-FNA on the accurate diagnosis of lymph nodes.

Method: The demographics, lymph node (LN) morphologic features (size, echopattern, borders, shape), location, needle type, number of passes, cytology results and EUS-FNA outcomes of patients with abdominal and mediastinal LNs were retrospectively analyzed. The study period was between 01/2010-06/2015.

Findings: Fifty-eight patients (40 male, 18 female, average age: 56.6 years) with LNs underwent EUS-FNA. The average long axis of lymph nodes was 24.3 mm (8-70mm) and short axis was 16 mm (6-50 mm). 22 ga needle was used in 42 patients, 25 ga needle was used in 17 patients. Average number of passes was 2.19 (range: 1 – 5). The sample obtained for cytologic evaluation was adequate in 93.1% (54/58) of cases. In 4 cases, the sample was inadequate or non-diagnostic for cytologic evaluation. Specific cytopathologic diagnosis was reached in 43.1% (25/58): 14 malignant diseases (adenocarcinoma 7, squamous cell carcinoma 4, lymphoma 2, neuroendocrine tumor 1) and 11 benign diseases (Granulomatous disease 10, Castelman disease 1) were reported. Eight out of 14 malignant LNs (57.1%) had endosonographic malignancy criteria. No complication related to the EUS-FNA reported.

Conclusion: EUS-FNA of LNs is a safe and effective modality with a significant impact in patients with lymphadenopathy. Adequate material for cytopathologic evaluation was obtained in 93.1% of cases. Endosonographic criteria are not adequate to obtain the correct diagnosis. Therefore, EUS-FNA should be performed for every suspicious lymphadenopathy.

Keywords: EUS, FNA, Lymph Nodes