


EUS-GUIDED CLE INCREASES ACCURACY OF DIFFERENTIATION OF PCLs


■ Krishna, S.G. (The Ohio State University), et al. ■ Clin Gastroenterol Hepatol, 2019 ■

Objective: To compare the accuracy of EUS with nCLE in differentiating mucinous from non-mucinous PCLs with that of measurement of CEA and cytology analysis

Study Design:

 144 patients

 Single-center, prospective study

 CEA and cytology accuracy compared to EUS-nCLE

Results:

CEA & cytology:
71% accuracy

to identify mucinous PCLs
(74% sensitivity, 61% specificity)

EUS-nCLE:
97% accuracy

to identify mucinous PCLs
(98% sensitivity, 94% specificity)

nCLE was more accurate in **classifying mucinous vs. nonmucinous cysts** than the standard method (P < .001)

Conclusion: "Analysis of cysts by nCLE identified mucinous cysts with greater accuracy than measurement of CEA and cytology analysis. EUS with nCLE can be used to differentiate mucinous from nonmucinous PCLs."




IMPACT OF NCLE ON THE THERAPEUTIC MANAGEMENT OF SINGLE PCLs

■ Palazzo, M. (Hôpital Beaujon, Clichy, France), et al. ■ Surgical Endoscopy, 2019 ■

Objective: To evaluate the impact of needle-based Confocal Laser Endomicroscopy (nCLE) on the therapeutic management of patients with single PCLs

Study Design:

 206 patients

 Retrospective and comparative study

 5 pancreatic disease experts reviewing

Results: Adding nCLE to EUS-FNA, led to:

24% improvement

rate of full agreement among the 5 experts (from 30 to 54%)

28% change

in therapeutic management

35% decrease

surveillance rate of benign SCAs (fell from 40 to 5%)

Conclusion: "Adding nCLE to EUS-FNA significantly improves the reliability both in diagnosis and therapeutic management among experts in pancreatic cystic lesions. These results support the recognition of nCLE as a key tool of the standard of care for such clinical situations."




IMPACT OF EUS-GUIDED MFB SAMPLING AND NCLE ON THE DIAGNOSTIC YIELD AND CLINICAL MANAGEMENT OF PANCREATIC CYSTIC LESIONS


■ Cheesman, A.R. (Mount Sinai, NY), et al. ■ Gastrointestinal Endoscopy, 2020 ■

Objective: To compare diagnostic outcomes and changes in clinical management resulting from microforceps biopsy sampling (MFB) and nCLE use in PCLs

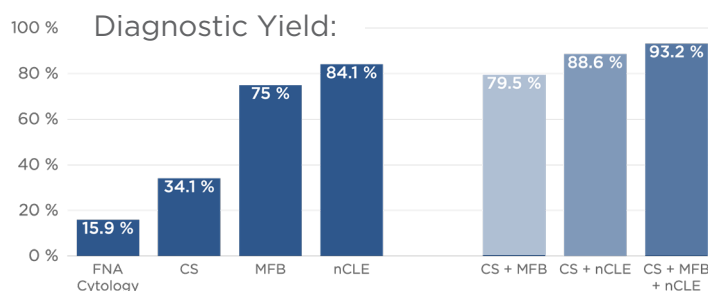
Study Design:

 44 patients

 Single-center, retrospective study

 Outcomes compared to Composite Standard*

Results:



The combined use of nCLE and MFB led to an overall **diagnostic yield of 93.2%** and a **change in clinical management in 52.3%** of cases, vs. CS alone.

*CS (Composite Standard): obtained by combining clinical, morphological, cyst fluid cytology, and chemical analysis

Conclusion: In the evaluation of PCLs, the use of MFB and nCLE led to significant improvements in specific diagnosis, which in turn has a major impact on clinical management.

