

PWE-099

**DIAGNOSTIC ROLE OF ENDOSCOPIC ULTRASOUND  
IN SELECTING PATIENTS WITH EARLY BARRETT  
NEOPLASIA FOR ENDOSCOPIC THERAPY**

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**Introduction** Correct staging is essential in selecting patients with early oesophageal neoplasia for endoscopic therapy. We prospectively investigated the diagnostic value of endoscopic

ultrasound (EUS) in predicting submucosal infiltration in early Barrett neoplasia.

**Methods** Patients with histologically proven high grade dysplasia or intramucosal cancer who were referred for potential endoscopic treatment were included in this prospective study. All patients underwent EUS staging with radial echoendoscopic ultrasound probes (7.5 MHz). A (15 MHz) radial miniprobe was used to assess focal lesions in higher definition.

**Results** 40 patients (31 men) were included. Thereof, 14 underwent oesophagectomy, 24 had endoscopic mucosal resection using the Duette Multiband device, 2 had both procedures. Final pathological results revealed 15 submucosa infiltrating cancers and 25 neoplastic lesions limited to the mucosa. One submucosal infiltration was missed by EUS. 5 intramucosal cancers were overstaged; 3 of these were within a stricture, one in an ulcer.

For detecting submucosal invasion, EUS had a sensitivity of 93.3% (95%CI: 76.1 to 98.8%), a specificity of 84% (73.6 to 87.3%), a negative predictive value of 95.5% (83.7 to 99.2%), and a positive predictive value of 77.8% (63.4 to 82.3%).

**Conclusion** Strictureing and ulceration may result in EUS overstaging of early oesophageal neoplasia, but this would render endoscopic therapy difficult also. Knowing these limitations EUS is useful in assessing suitability for endoscopic therapy.

**Competing interests** None.

**Keywords** Barrett's adenocarcinoma, Barrett's intraepithelial neoplasia, endoscopic mucosal resection, endoscopic ultrasonography.