

**A 1 YEAR AUDIT OF ENDOLUMINAL ULTRASOUND-
GUIDED FINE NEEDLE ASPIRATION CYTOLOGY
INVESTIGATIONS (EUS-FNA) : DIAGNOSTIC EFFICACY
AND INPUT OF ON-SITE CYTOLOGICAL ASSESSMENT**

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Introduction EUS-FNA as an investigative technique for pancreatic lesions and deep-seated lymphadenopathy is now well established. We carried out an audit of our practice, in particular the decrease in insufficient or non-diagnostic specimens when adequacy is assessed at the time of procedure.

Aims/Background A total of 91 patients underwent EUS-FNA over a one-year period at the Belfast City Hospital where there are 2 weekly sessions performed by Gastrointestinal endoscopists on consecutive days one of which is attended by a consultant cytopathologist +/- cytotechnician for on-site cytological assessment.

Method The cytology reports from those patients who underwent an EUS-FNA in our institution were retrieved from the files of the Cytology Department, and assessed for diagnosis, adequacy, and necessity for further investigations.

Results Overall, 19/94 (20.2%) of the cases were reported as benign while 31/94 (33%) were malignant. 9.5% (9/94) were equivocal and 20% of samples were inadequate for diagnosis. However the inadequate sample rate fell from 33% to 7% when one session was attended by cytologist assessing the sample on-site. Three quarters of the cases were of abdominal lesions including a majority of pancreatic masses and surrounding lymph nodes. 2 were of intramural gastric and 2 liver lesions. The remaining quarter were of mediastinal lesions or lymphadenopathy. 5 cases of granulomatous

lymphadenitis and 1 case of malignant lymphoma were diagnosed cytologically.

Conclusion EUS-FNA is a well-tolerated investigative technique to obtain a tissue diagnosis for further management decisions but the presence of on-site cytological assessment to provide immediate feedback ensures a higher diagnostic yield and increases the cost-effectiveness of the procedure.