with an inappropriately elevated insulin (14.3 mU/l) and c-peptide (1063 pmol/l). Gastrin was raised (55 pmol/l), CT, MRCP, MRI pancreas and EUS were unremarkable. DOTATATE showed a small lesion in the pancreatic tail. Surgical enucleation of the lesion revealed a well differentiated NET.

Conclusion These cases support the use of Ga-DOTATATE as a potential diagnostic tool in suspected but not yet localised primary cases of gastrinoma/insulinoma with symptoms or elevated blood levels of tumour markers where cross-sectional imaging is normal or equivocal.

To date calcium stimulation with selective angiography has been used. Ga-DOTATATE may obviate the need for this invasive and highly complex test.

Larger case series and prospective data are needed to look at the validity of this test and ascertain its role in routine clinical practice.

Disclosure of Interest None Declared.

**REFERENCES**


**Disclosure of Interest** None Declared.

**PTH-100**

**UTILITY OF EUS-GUIDED FINE NEEDLE ASPIRATION OF PANCREATIC CYSTIC LESIONS**


10.1136/gutjnl-2014-307263.546

**Introduction** At least 1% of hospitalised patients will have a pancreatic cystic lesion on cross sectional imaging. Differentiation of benign and potentially malignant/malignant pancreatic cystic lesions using conventional radiology and prior to surgery is difficult. Endoscopic ultrasound (EUS) guided fine needle aspiration (FNA) is considered safe, yet there is relatively limited data on the clinical utility of EUS in this setting or its complication rate.

**Methods** Retrospectively, 43 consecutive patients (F = 26, M = 17, mean age 63) undergoing EUS-FNA of a pancreatic cystic lesion (no. procedures = 46) following abnormal imaging were identified from an institutionally approved database. Data collected included pre-EUS imaging, EUS findings, number of passes, cyst fluid CEA, amylase and cytology, sedation requirements, complication rate and six month follow up where available.

**Results** 44 procedures provided sufficient information for further analysis. At EUS, 23 cystic lesions appeared benign and 21 premalignant/malignant. Median CEA (μg/L) in the benign group was 6 vs. 2234 in the malignant group; p < 0.001. Median amylase (UL) in the benign group was 2989, versus 2795 in the malignant group; p = 1.0. In the malignant group, 4/21 (19%) had positive cytology. In the benign group, 16/23 (69.5%) had no malignant cells.

Cytology was insufficient for analysis in 4/23 of benign appearing lesions, and 3/21 in malignant appearing lesions.

Average midazolam dose was 3.3 mg, and average pethidine dose 27.9 mg.

Complication rate was 4% (n = 2), with one patient experiencing severe abdominal pain (serum amylase normal) and another having a documented bile leak.

Availability of follow up data was limited by patients returning to their secondary care referral centres. 4 patients proceeded to surgery and had resection pathology available. Of these, 3 patients had confirmed malignant IPMN (one patient had no cyst fluid for analysis, one had raised CEA and no available

**Abstract PTH-100 Table 1**

<table>
<thead>
<tr>
<th>CEA ug/L</th>
<th>Cytology</th>
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<tbody>
<tr>
<td>Sensitivity</td>
<td>80</td>
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<tr>
<td>Specificity</td>
<td>100</td>
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<td>PPV</td>
<td>100</td>
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<tr>
<td>NPV</td>
<td>83</td>
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