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Title of thesis: Can endoscopic ultrasound guided elastography improve nodal staging of gastrointestinal malignancies?

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Abstract

Elastography adds valuable information to EUS by providing a qualitative and quantitative evaluation of tissue stiffness, thus reflecting the malignant or benign nature of the disease

Aim of work: In this study we aimed to assess whether endosonographic elastography is able to improve LN staging in patients with gastrointestinal malignancies.

Results: Strain Ratio in our study showed promising results in prediction of malignant LNs, with sensitivity & specificity; 95.5% & 66.7% respectively at cut off level of >2.57. As regards elastography score, there is statistically significant difference with p-value <0.05 between benign and metastatic lymph nodes with high percentage of score 2 among benign group and high percentage of score 3 among malignant patients. In our study we can change plan of management in 36% of our patients.

Conclusion: Elastography can provide additional information about the structure and pathology of abdominal LNs. Whereas, the differential diagnosis of malignant and benign LNs cannot be solved for certain, it seems to be an excellent method for targeting different areas of the LN to avoid unnecessary needle passes in EUS-FNA.

Key words: Elastography, endoscopic ultrasound, endoscopic-ultrasound elastography, lymph node, Gastrointestinal malignancies.

