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Innovating fine needle aspiration by changing needle size could offer solution for diagnosing autoimmune pancreatitis

DOWNERS GROVE, Ill.—November 3, 2016— Autoimmune pancreatitis (AIP) can closely resemble pancreatic cancer, but these two diseases require distinctly different courses of treatment. A new study suggests that an endoscopic procedure using a larger-gauge needle may offer a solution for making this important differential diagnosis. The study, “Diagnosis of autoimmune pancreatitis by EUS-guided FNA using a 22-gauge needle: a prospective multicenter study,” is published in the November issue of *GIE: Gastrointestinal Endoscopy*, the monthly, peer-reviewed journal of the American Society for Gastrointestinal Endoscopy (ASGE).

AIP, a chronic inflammation of the pancreas that can be treated with steroids, is a relatively newly recognized disease. Examination of tissue specimens from the pancreas is necessary for diagnosis and subsequent treatment. But previously specimens obtained using endoscopic ultrasound-guided fine needle aspiration (EUS-FNA) have proven inadequate because of the small sample size that can be procured via this method. The researchers evaluated whether this procedure would have increased efficacy using a 22-gauge needle rather than the traditional smaller size.

Based on imaging characteristics suggesting AIP, 78 patients were selected for the innovative EUS-FNA procedure over a 13-month period. Tissue samples were evaluated for sampling conditions, certain elevated plasma cell counts indicating AIP, storiform fibrosis (a pattern of scarring) and obliterative phlebitis (vein inflammation).

Tissue specimens were obtained from 62 patients, and features indicative of AIP were identified in 45 of these. Therefore, 45 of 78 patients (58 percent) could be diagnosed with AIP according to International Consensus Diagnostic Criteria.

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The authors concluded that EUS-FNA with a 22-gauge needle may be useful for the diagnosis of AIP through microscopic examination of tissue samples.

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About Gastrointestinal Endoscopy

Gastrointestinal endoscopic procedures allow the gastroenterologist to visually inspect the upper gastrointestinal tract (esophagus, stomach and duodenum) and the lower bowel (colon and rectum) through an endoscope, a thin, flexible device with a lighted end and a powerful lens system. Endoscopy has been a major advance in the treatment of gastrointestinal diseases. For example, the use of endoscopes allows the detection of ulcers, cancers, polyps and sites of internal bleeding. Through endoscopy, tissue samples (biopsies) may be obtained, areas of blockage can be opened and active bleeding can be stopped. Polyps in the colon can be removed, which has been shown to prevent colon cancer.

About the American Society for Gastrointestinal Endoscopy

Since its founding in 1941, the American Society for Gastrointestinal Endoscopy (ASGE) has been dedicated to advancing patient care and digestive health by promoting excellence and innovation in gastrointestinal endoscopy. ASGE, with more than 14,000 members worldwide, promotes the highest standards for endoscopic training and practice, fosters endoscopic research, recognizes distinguished contributions to endoscopy, and is the foremost resource for endoscopic education. Visit www.asge.org and www.screen4coloncancer.org for more information and to find a qualified doctor in your area.