

2015

## Diagnostic Value of Endoscopic Ultrasound-Guided Fine Needle Aspiration of Intra-Abdominal Lymph Nodes in Patients with Concurrent Biopsy of Intra-Abdominal Tumors

Allison F. Goldberg, MD  
*Thomas Jefferson University*

Charalambos C. Solomides, MD  
*Thomas Jefferson University Hospital*

Marluce Bibbo, MD

Follow this and additional works at: <https://jdc.jefferson.edu/pacbresidentposters>

Thomas Jefferson University Hospital

Part of the [Medical Anatomy Commons](#), [Medical Cell Biology Commons](#), and the [Medical Pathology Commons](#)  
Rossitza Draganova-Tacheva, MD

Department of Pathology, Anatomy, & Cell Biology, Jefferson Medical College of Thomas Jefferson University, Philadelphia, PA

[Let us know how access to this document benefits you](#)

### Recommended Citation

Goldberg, MD, Allison F.; Solomides, MD, Charalambos C.; Bibbo, MD, Marluce; and Draganova-Tacheva, MD, Rossitza, "Diagnostic Value of Endoscopic Ultrasound-Guided Fine Needle Aspiration of Intra-Abdominal Lymph Nodes in Patients with Concurrent Biopsy of Intra-Abdominal Tumors" (2015). *Department of Pathology, Anatomy, and Cell Biology Resident's Posters*. Paper 9.

<https://jdc.jefferson.edu/pacbresidentposters/9>

This Article is brought to you for free and open access by the Jefferson Digital Commons. The Jefferson Digital Commons is a service of Thomas Jefferson University's [Center for Teaching and Learning \(CTL\)](#). The Commons is a showcase for Jefferson books and journals, peer-reviewed scholarly publications, unique historical collections from the University archives, and teaching tools. The Jefferson Digital Commons allows researchers and interested readers anywhere in the world to learn about and keep up to date with Jefferson scholarship. This article has been accepted for inclusion in Department of Pathology, Anatomy, and Cell Biology Resident's Posters by an authorized administrator of the Jefferson Digital Commons. For more information, please contact: [JeffersonDigitalCommons@jefferson.edu](mailto:JeffersonDigitalCommons@jefferson.edu).

# Diagnostic Value of Endoscopic Ultrasound-Guided Fine Needle Aspiration of Intra-Abdominal Lymph Nodes in Patients with Concurrent Biopsy of Intra-Abdominal Tumors

Allison Goldberg MD, Charalambos Solomides MD, Marluce Bibbo MD, Rossitza Draganova-Tacheva MD

Department of Pathology, Thomas Jefferson University, Philadelphia, PA

## BACKGROUND

- Diagnostic endoscopic biopsy of intra-abdominal lesions may be performed prior to surgical resections.
- Endoscopic ultrasound-guided fine needle aspiration of intra-abdominal lymph nodes may also be performed to:
  - Yield more information
  - Allow for more accurate staging
- We evaluate the additional staging information concurrent fine needle aspiration of intra-abdominal lymph nodes provided

## DESIGN

- We included all patients at our institution from January 1, 2000 to March 30, 2015 who, during the same endoscopic procedure, had:
  - Endoscopic ultrasound guided fine needle aspiration of an intra-abdominal lymph node AND
  - Endoscopic ultrasound guided fine needle aspiration OR a surgical biopsy of an intra-abdominal lesion
- We excluded all patients for whom the final diagnosis was lympho-proliferative
- Primary lesions were:
  - Pancreatic
  - Upper gastrointestinal tract
  - Biliary tract
  - Gallbladder
- 63 total patients

## RESULTS

- 44 patients with concurrent endoscopic ultrasound guided fine needle aspiration of an intra-abdominal lesion and lymph nodes (Table 1)
- 19 patients with concurrent biopsy of intra-abdominal lesion and endoscopic ultrasound guided fine needle aspiration of intra-abdominal lymph nodes (Table 2)

**TABLE 1**

	Insufficient lesions (4)	Negative lesions (8)	Atypical lesions (16)	Suspicious lesions (5)	Positive lesions (11)
Insufficient Lymph Node tissue (6)	0	1	2	1	2
Negative Lymph Node (20)	3	6	10	1	0
Atypical Lymph Node (6)	0	0	2	3	1
Positive Lymph Node (12)	1	1	2	0	8

**TABLE 2**

	Negative lesions (13)	Positive lesions (6)
Insufficient Lymph Node tissue (2)	2	
Negative Lymph Node (5)	5	
Atypical Lymph Node (1)	1	
Positive Lymph Node (11)	5	6

## RESULTS

- 44 patients with concurrent endoscopic ultrasound guided fine needle aspiration of an intra-abdominal lesion and lymph nodes, the diagnostic breakdown was:
  - 4 insufficient (9%)
  - 8 negative (18%)
  - 16 atypical (36%)
  - 5 suspicious (11%)
  - 11 positive (25%)
- 19 patients with concurrent biopsy of intra-abdominal lesion and endoscopic ultrasound guided fine needle aspiration of intra-abdominal lymph nodes, the diagnostic breakdown was:
  - 13 negative (68%)
  - 6 positive (32%)

## CONCLUSION

- Concurrent endoscopic ultrasound guided fine needle aspiration of intra-abdominal lymph nodes with endoscopic ultrasound guided fine needle aspiration or biopsy of intra-abdominal lesions offers important additional diagnostic information.
- We found a total of 9 cases in which the intra-abdominal lesion was not definitive for malignancy, but the lymph node was positive.
- We found 23 cases with positive lymph nodes, who were upstaged based on this information.
- Therefore, we conclude endoscopic ultrasound guided fine needle aspiration offers vital diagnostic information and should be performed when feasible as part of a pre-operative work-up.