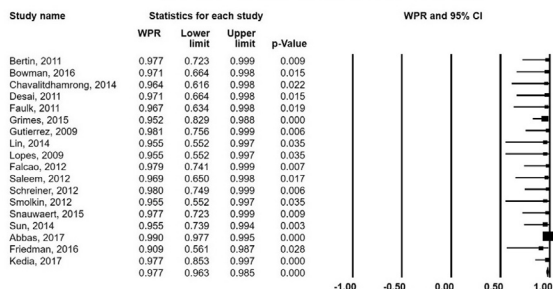
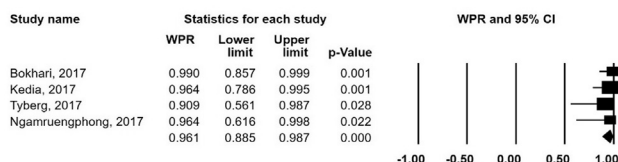


1.88) days. Once again, proportional difference was in favor of EDGE 1.98 (0.80, 3.17) days. Conclusions: LA-ERCP and EDGE have equal efficacy and safety in RYGB patients. However, EDGE is associated with significantly shorter procedure times and shorter post-procedural length of hospital stay. These findings may translate into healthcare cost savings and EDGE may become the procedure of choice in such patients.

Access to major papilla by Laparoscopy

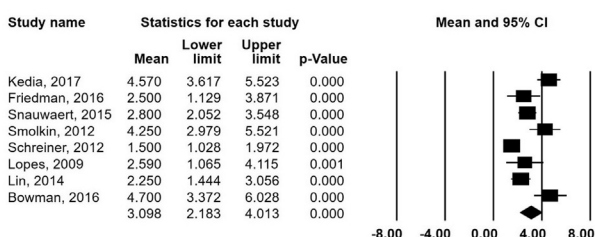


Access to major papilla with EDGE

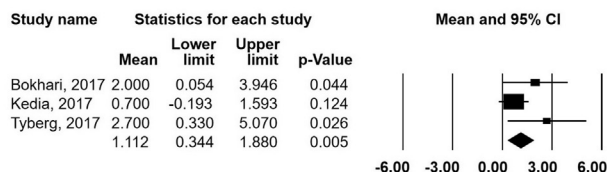


Meta Analysis

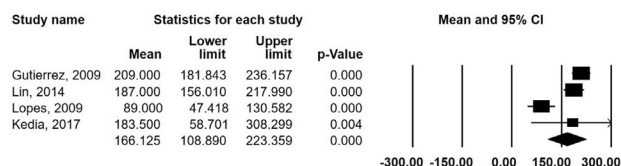
Hospital stay in patients with LA ERCP



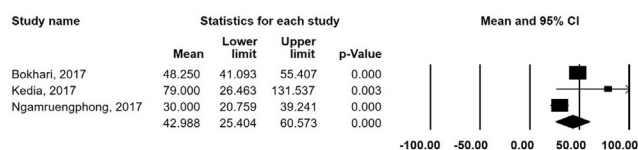
Hospital stay in patients with EDGE



Procedure time with LA ERCP



Procedure time with EDGE



Mo1339

EUS-FNA OF PANCREATIC SOLID MASSES: A PROSPECTIVE RANDOMIZED TRIAL COMPARING SUCTION WITH SLOW PULL

Spencer Cheng^{*1}, Chacon A. Danielle², Everson L. Artifon¹, Sérgio E. Matuguma¹, Marcos E. dos Santos¹, Christiano M. Sakai¹, Dalton Chaves¹, Diogo T. de Moura¹, Eduardo T. Moura¹
¹GASTROINTESTINAL ENDOSCOPY, SAO PAULO STATE UNIVERSITY, Campinas, SAO PAULO, Brazil; ²Pathology, University of Sao Paulo Medical School Clinical Hospital, Sao Paulo, Sao Paulo, Brazil

Background: Endoscopic ultrasound fine needle aspiration (EUS-FNA) is a well established diagnostic method for pancreatic solid mass. In despite, there is no optimal aspiration technique to date. Application of suction(S) has the purpose to hold tissue against the cutting edge of the needle and aspirate cells into its channel. Slow pull (SP) sampling seems to have comparable results with less blood and clot aspiration. Aim: The objective of this study was compare the diagnostic yield of S versus SP technique for EUS-FNA of pancreatic solid masses. Method: We randomized 50 patients with pancreatic solid masses to start EUS-FNA with suction or slow pull technique. Each patient were submitted to two passes with suction and two passes with SP. Cytological data was obtain from cell block and smear and classified for cellularity, blood content and diagnostic yield of each technique. Results: There was no statistical difference in diagnostic yield between S and SP (p=0,344). Sensitivity, specificity and accuracy of S, SP and both methods were 89,8% vs 81,6% vs 95,9%; 100% vs 100% vs 100%; 90% vs 82% vs 96% respectively. PPV (100 vs 100 vs 100) were high for all techniques and NPV were low (16,7 vs 10,0 vs 33,3). Conclusions: There was no statistical differences between S and SP techniques in sensitivity, specificity and accuracy.

Mo1340

CONTRAST-ENHANCED ENDOSCOPIC ULTRASOUND AND MULTIDETECTOR COMPUTED TOMOGRAPHY IN DIRECT COMPARISON TO DIFFERENTIATE

PANCREATIC CANCER FROM CHRONIC PANCREATITIS
 Finn-Jörn Harmsen^{3,1}, Dirk Domagk^{*2}, Christoph F. Dietrich⁴, Michael Hocke⁵

¹Department of Medicine B, University of Muenster, Muenster, Germany; ²Department of Medicine I, Josefs-Hospital Warendorf, Academic Teaching Hospital, University of Muenster, Warendorf, Germany; ³Department of Internal Medicine II, St. Elisabeth Hospital Leipzig, Leipzig, Germany; ⁴Medical Clinic 2, Caritas-Krankenhaus Bad Mergentheim, Bad Mergentheim, Germany; ⁵Department of Internal Medicine II, Klinikum Meiningen, Meiningen, Germany

Aim: To compare multidetector computed tomography and contrast-enhanced endoscopic ultrasound in their capacity to differentiate chronic pancreatitis from pancreatic carcinoma. Methods: Two hundred and fifty Caucasian patients (62± 15 yrs., 80 females) were included in this study. B-mode endoscopic ultrasound (EUS) and contrast-enhanced high mechanical index ultrasound (CEHMI-EUS) were performed in all patients. Contrast-enhanced low mechanical index ultrasound (CELM-EUS) was performed in 159 patients, endoscopic sonoeleography (ESE) in 210 patients and multidetector computed tomography in 131 patients. Final diagnosis was achieved by cytological specimen, operation or follow-up greater than one year. Head-to-head analysis was possible in a subgroup of 100 patients in which all five modalities were performed. Results: Sensitivity and specificity of MDCT for pancreatic carcinoma were 89% and 70% respectively. Sensitivities and specificities for EUS were 92% and 63 % for B-mode EUS, 96% and 38% for ESE, 82% and 76% for CELMI-EUS, 96% and 91% for CEHMI-EUS respectively. In the head-to-head analysis, each modality showed lower numbers for specificity than overall group analysis because of high drop-out rate. Conclusion: Contrast-enhanced endoscopic ultrasound promises to be a reliable tool in differentiating pancreatic carcinoma from chronic pancreatitis and should be considered a standard procedure if pancreatic carcinoma is suspected or as follow-up tool in patients with chronic pancreatitis.

Mo1341

GAIN AND LOSS OF KRAS MUTATIONS IN PANCREATIC CYST FLUID DURING PROLONGED SURVEILLANCE: A NATURAL HISTORY STUDY

Prasanna L. Ponugoti^{*1}, John M. DeWitt¹, Stuart Sherman¹, Rachel E. Simpson², Jeffrey J. Easler¹, Lindsey M. Temnykh¹, Mahmoud A. Rahal¹, C. Max Schmidt², Mohammad A. Al-Haddad¹
¹Gastroenterology and Hepatology, Indiana University School Of Medicine, Indianapolis, IN; ²Department of Surgery, Indiana University, Indianapolis, IN

Background and Aim: KRAS mutations in pancreatic cyst fluid (PCF) are highly specific for a mucinous classification of the cyst. Acquiring or losing mutations in the