9 ACCURACY OF ENDOSCOPIC ULTRASOUND IN PREDICTING EARLY OESOPHAGEAL NEOPLASMS

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10.1136/gutjnl-2013-305143.9

Introduction Adenocarcinoma of the oesophagus has the fastest rising prevalence of any malignancy in the Western world. The majority arise from specialized intestinal metaplasia in the oesophagus, Barrett's oesophagus.Endoscopic ultrasound (EUS) accurately demonstrates the layers of the oesophageal wall, and is believed to be accurate for local T-staging of malignant oesophageal disease.With the introduction of conservative therapies including radiofrequency ablation, photodynamic therapy

and endoscopic mucosal resection for Barrett's oesophagus, accurate staging has become increasingly important.

Aims/Background To determine whether endoscopic ultrasound is accurate for T staging of high grade dysplasia/early neoplasia compared with pathology specimens obtained using endoscopic mucosal resection or surgery

Method Retrospective review of patients evaluated by EUS for assessment of early oesophageal dysplasia, between December 2008 and June 2012 in the Belfast City Hospital.: Findings are compared with subsequent surgical pathology, or endoscopy and biopsy follow up.

Results This study included 38 patients(30 men) with a median age of 66. 1 patient was omitted due to an incorrect scope being used during EUS. EUS accurately predicted T status in 34 of 37 patients (92%). 2 patients thought to have submucosal carcinoma during EUS proved to have mucosal carcinoma on EMR specimens. 3 patients thought to have mucosal carcinoma during EUS were found to have submucosal carcinoma on EMR specimens.

Conclusion Endoscopic ultrasound was accurate in the staging of T1 oesophageal lesions. EUS should be increasingly used in the assessment of early oesophageal neoplasms.