

**OP 6: Diagnostic endoscopic ultrasound: is it a reliable investigation ?**

Annex 2.4(a) 29

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**Objectives:** Endoscopic ultrasound (endosonography) is fast becoming the gold standard in the diagnosis of benign lesions and staging of malignant lesions of the gastrointestinal (GI) tract. We analyzed the results of diagnostic endosonography carried out in our GI physiology laboratory and compared the findings with conventional external ultrasound scanning and/or CT.

**Design, Setting and Methods:** All the patients who underwent diagnostic endosonography between April and October 2005 were analysed. Upper GI endosonography was carried out using a flexible ultrasound endoscope under topical anaesthesia without sedation. Lower GI endosonography was carried out using a rigid endoanal ultrasound probe with no special preparation. Endosonography findings were compared

**Results:** A total of 26 patients underwent diagnostic endosonography (male:female=18:8). Mean (range) age was 41 (12-60) years. The main indications for endosonography were, staging of carcinoma oesophagus and rectum, chronic pancreatitis, suspected CBD calculi, assessment of anal sphincter and recurrent fistula in ano. Endosonography failed in two (7%) patients but in the rest endosonography findings were comparable (p=NS) with the CT and external ultrasound findings.

**Conclusions:** Our study has indicated that endosonography is comparable with conventional investigations in diagnosing benign lesions and staging of malignant disease of the gastrointestinal tract. However it is cheaper and has the advantage of being free of radiation compared to CT.