

<b>Products</b>	Moray® micro forceps
<b>Procedural Area</b>	EUS
<b>Article</b>	Diagnosis of a mucinous pancreatic cyst and resection of an intracystic nodule using a novel through-the-needle micro forceps
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<b>Purpose</b>	To utilize the Moray® micro forceps to sample tissue from a 30 x 20mm cystic lesion in the body of the pancreas to obtain a diagnosis for a patient that had been under surveillance.
<b>Key Points</b>	<p>Endoscopic ultrasound guided fine-needle aspiration (EUS-FNA) is the common option for sampling pancreatic cystic lesions, however it does not always provide a reliable diagnosis because it has shortcomings in obtaining a reliable diagnosis from the obtained aspirate. Tissue samples are needed to provide a more reliable diagnosis, however, EUS-FNA cannot reliably obtain tissue samples from a pancreatic cyst.</p> <p>This case involved an 85-year-old woman who was referred for an EUS-FNA procedure after a CT scan revealed a 30 x 20mm cyst in the body of the pancreas.</p> <ul style="list-style-type: none"> <li>• Fine needle aspiration (FNA) was performed to extract cystic fluid which was non-mucinous. Non-mucinous cysts have a lower likelihood of malignancy. Carcinoembryonic Antigen (CEA) and Amylase were performed on the aspirated fluid and the results came back in the normal range for both tests. Normally, this would indicate that the cyst would be non-cancerous.</li> <li>• Four tissue biopsies were obtained using the Moray® micro forceps. The obtained tissue samples showed mucinous epithelium consistent with a mucinous cyst with a mural nodule.</li> </ul>
<b>Conclusions</b>	The tissue samples obtained using the Moray® micro forceps provided a diagnosis of a mucinous cyst where previous FNA procedures, CEA and amylase testing failed to provide a positive diagnosis for a mucinous cystic lesion.