Endoscopic ultrasound-guided fine-needle marking of a small pancreatic tumor

We report a case of endoscopic-ultrasound-guided fine-needle marking (EUS-FNM) of a 6-mm pancreatic tumor. The patient was suspected of having pancreatitis, but instead an isolated and hypoechoic lesion was detected in the tail of the pancreas (Fig. 1).

EUS-guided fine-needle aspiration (FNA) biopsy was suggestive of malignant cells, and surgery was planned. In order to facilitate the intraoperative detection of the lesion, EUS-FNM of the tumor was performed 18 days preoperatively with a specially manufactured silver pin. The pin (5 x 0.8 mm) was made to fit into a 19-gauge needle. Following manual loading of the pin into the tip of the needle under sterile conditions (Fig. 2), the lumen was sealed with sterile lidocaine gel to prevent dislocation of the pin. The needle was inserted into the tumor under EUS guidance, and the stylet was reintroduced to push the pin into the tumor. The position of the pin was easily verified as a hyperechoic linear structure with a shadow (Fig. 3).

Two pins were placed in the tumor, and no antibiotics were given. There were no signs of complications in the period before surgery. The pins were easily located using laparoscopic and intraoperative ultrasound. The exact position within the tumor was con-
firmed by splitting of the specimen (Fig. 4).
The postoperative course was uneventful. Histological examination revealed a non-
functional glucagonoma without any histological reaction to the pin.
EUS is particularly useful in the assessment of small pancreatic tumors missed
by other imaging techniques [1, 2]. EUS-guided tumor injection with dyes has
been described, but dyes dilute over time and distance, making it necessary to per-
form the procedure as near in time to surgery as possible [3, 4].
EUS-guided injection and antitumor ther-
apy are evolving rapidly, and EUS-FNM
follows the same principle [5]. EUS-FNM
may be performed during the primary
EUS and independently of surgical plan-
ning. The pin is a radiopaque and ultraso-
nically visible marker, and may thus facil-
itate intraoperative location of the tumor
and reduce surgical time. However, more
data are needed to establish the safety
and clinical utility of this new marking
 technique.

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