

Information Snapshot – Dr Montri Gururatsakul

EUS

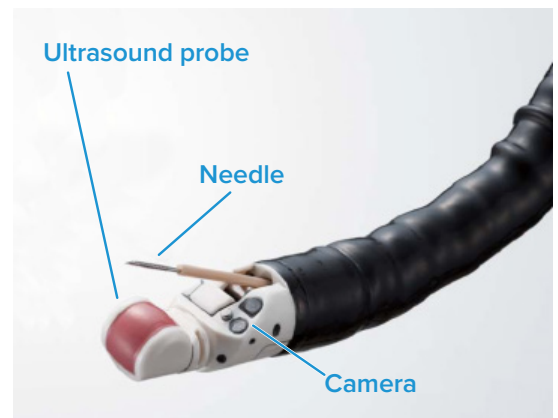
Endoscopic ultrasound is a minimally invasive procedure to assess gastrointestinal and mediastinal diseases. The special scope combines 2 modalities: endoscopic visualisation and high-frequency ultrasound. We are able to define the layers of the gastrointestinal tract (mucosa, submucosa, muscularis mucosa, and serosa), and also able to visualise the organs surrounding the gastrointestinal tract. For example: we can sonographically visualise the mediastinum while the echoendoscope is placed in the oesophagus, whilst visualising the liver, pancreas, biliary tree, gall bladder and ampulla when the echoendoscope is placed in the stomach and duodenum. This also allows us to examine any other fluid collection around the stomach and duodenum. Most importantly, EUS allows us to obtain a sample by using fine needle aspiration (FNA) or fine needle core biopsy.

The basic indications for endoscopy ultrasound are to assess:

- Pancreatic masses and tumours
- Pancreatic cysts
- Acute pancreatitis
- Chronic pancreatitis
- Recurrent pancreatitis
- Autoimmune pancreatitis
- Dilated pancreatic duct
- Dilated bile duct
- Suspect stone in the pancreatic duct
- Suspect stone in the bile duct
- Assess pathology of the gall bladder
- Assess pancreatic pathology and exclude biliary stone in patients with abdominal pain
- Assess pancreatic pathology for patients with unexplained weight loss, and suspect pancreatic pathology
- Elevated tumour marker and suspect pancreatic pathology
- Elevated pancreatic enzyme and suspect pancreatic pathology
- Pancreatic cancer staging
- Gastric cancer staging
- Rectal cancer staging
- Oesophageal cancer staging
- Diagnose tumour of the oesophagus, stomach, duodenum, and pancreas
- Diagnose some tumours of the mediastinum and lung
- Assess abnormalities of the walls of the gastrointestinal tract
- Assess abdominal lymph nodes
- Coeliac nerve block – for pancreatic pain
- Coeliac plexus neurolysis – for pancreatic cancer pain
- Guide drainage of pseudocysts and other abnormal collections of the fluid in the abdomen

The advantages of endoscopy ultrasound over CT or MRI are:

- No radiation
- No IV contrast
- When more detailed imaging is required than is provided by CT or MRI
- Can take sample or biopsies.





Particular EUS indications of interest to GPs

Recurrent abdominal pain

For any patients with recurrent abdominal pain and mildly abnormal liver function tests suspected of common bile duct stone or sphincter of Oddi dysfunction (SOD), EUS allows us to determine the biliary tree clearly, without the risk of pancreatitis, compared to ERCP. Therefore, endoscopic ultrasound is the modality of choice, being minimally invasive, it can detect small stones or sludge that MRI may not be able to detect. If a calculus is detected, an ERCP and biliary sphinterotomy can then be justified to remove it.

Pancreatic cysts

With the increasing resolution of CTs and MRIs, incidental diagnoses of pancreatic cysts are increasingly common. Whilst almost all liver cysts are benign, a pancreatic cyst has to be considered to be of premalignant potential unless proven otherwise. This is where EUS-FNA can be combined with non-invasive modalities to diagnose pancreatic cysts that are of concern and also assist in keeping these lesions under surveillance.

Pancreatic lesions

EUS FNA / FNB is the most accurate way to make a tissue diagnosis of a solid pancreatic lesion.



About Dr Gururatsakul (Dr Montri)

Dr Montri Gururatsakul is an Interventional Gastroenterologist who was trained in Brisbane and undertook further training in ERCP and Endoscopic Ultrasound (EUS) in Vancouver. He has returned to be a Fractional Staff Specialist at Cairns Hospital and works part-time private practice at Cairns Gastroenterology. Dr Montri will be operating at Cairns Private Hospital and Cairns Day Surgery. You can find more about his practice at: www.cairnsgastro.com.au

Contact

Level 3, Suite 3,
120 Bunda Street
Cairns QLD 4870

Ph: 07 4041 2877
Fax: 07 4041 6135