

<b>Products</b>	Moray® micro forceps
<b>Procedural Area</b>	EUS
<b>Article</b>	Endoscopic ultrasound-guided, through-the-needle forceps biopsy in the assessment of an incidental large pancreatic cystic lesion with prior inconclusive fine-needle aspiration
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<b>Purpose</b>	To utilize the Moray® micro forceps to sample tissue from an 82 x 72mm multilocular cystic lesion in the neck of the pancreas to obtain a diagnosis for a patient where EUS-FNA was inconclusive.
<b>Key Points</b>	<p>This case involved a 68-year-old man who was found to have an 82 x 72mm cyst with mixed solid/fluid components in the neck of the pancreas.</p> <ul style="list-style-type: none"> <li>• 8ml of opaque, turbid fluid was aspirated using fine needle aspiration (FNA). Cytological examination along with Carcinoembryonic Antigen (CEA) and Amylase level analyses were performed on the aspirate with inconclusive results.</li> <li>• On a repeat EUS, multiple tissue samples were obtained using the Moray® micro forceps from the cyst wall. The obtained tissue samples diagnosed a lymphoepithelial cyst.</li> </ul>
<b>Conclusions</b>	The tissue samples obtained using the Moray® micro forceps confirmed the cyst was benign, where Cytology, CEA, and amylase analysis failed to provide a definitive diagnosis. On-going surveillance is no longer required and surgery was deemed unnecessary.