Transaortic endoscopic ultrasound-guided fine-needle aspiration of a positron emission tomography-positive abdominal para-aortic lymph node

Endoscopic ultrasound-guided fine-needle aspiration (EUS-FNA) is an important diagnostic tool for the evaluation of lesions affecting the gastrointestinal tract and adjacent organs [1]. Major vessels serve as procedural landmarks and provide an anechoic interface that allows the clear visualization of nodes/masses on the opposite side. Major vessels have for several decades been a target of interventional radiology; however, interposition of the aorta between the EUS probe and a target lesion has been considered a contraindication to EUS-FNA. Since 2007, when it was first described [2], EUS-FNA traversing the thoracic aorta has been reported in a few cases [2–4], and recently, a case of EUS-FNA traversing the abdominal aorta has been reported [5]. This limited number of cases reflects a concern for complications, although none has been reported so far. We report herein an additional case, that of a 73-year-old man who had been treated for an intrahepatic biliary cystadenocarcinoma 5 years earlier.

EUS-FNA of a 27×22-mm positron emission tomography-positive lymph node was performed by traversing the abdominal aorta with multiple needle passes. The procedure was done with a therapeutic linear echoendoscope (GF-UCT140-AL5; Olympus Medical Systems Europe, Hamburg, Germany) while the patient was under conscious sedation. Endoscopy_UCTN_Code_TTT_1AS_2AC

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The collected specimens were placed into a preservative solution (ThinPrep technique and Cytolyt solution; Cytyc Corporation, Boxborough, Massachusetts, USA) for later evaluation and staining. The patient was discharged on the day after the procedure without evidence of any complications. Cytological examination showed atypical cells, suggestive of a lymphoproliferative disorder. The lymph node was removed laparoscopically, and further examination indicated a follicular non-Hodgkin lymphoma.

Fig. 1 a Endoscopic ultrasound (EUS) imaging of a positron emission tomography-positive lymph node and the interposed aorta in a 73-year-old man previously treated for intrahepatic biliary cystadenocarcinoma. Ao, aorta; Lfn, lymph node. b EUS-guided fine-needle aspiration of the target lymph node with passage of a 25-gauge needle through the aorta. Ao, aorta; Lfn, lymph node.
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