Letter to Editor

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Sir,

I read with interest the article entitled 'Mass-forming xanthogranulomatous cholecystitis masquerading as gallbladder cancer'. The authors have proposed a very practical algorithm for the management of mass-forming xanthogranulomatous cholecystitis (XGC), but I would like to highlight the evolving role of endoscopic ultrasound (EUS) and EUS-guided fine-needle aspiration (FNA) in such cases of gall bladder masses. To overcome the limitations of percutaneous FNA and, at the same time, in order to achieve tissue diagnosis, EUS-FNA has been increasingly used in suspicious cases to differentiate gall bladder cancer (GBC) from XGC. In a study of 51 cases of gall bladder masses by Hijioka et al.,¹ they found that EUS findings of disrupted gall bladder mucosal lining and/or regional lymph nodes are highly suggestive of gall bladder cancer and uncommon in XGC. EUS-FNA of these gall bladder masses or regional lymph nodes is very useful in making definitive diagnosis. The diagnostic accuracy of EUS-FNA to correctly distinguish between benign and malignant masses in their study was 93.3 % with a sensitivity and specificity of 90 and 100 %, respectively.¹ Only one EUS-FNA result was a false negative because of insufficient sampling from unresectable GB carcinoma, and none of the results were false positive. In another study of 83 cases, diagnostic sensitivity of EUS-FNA was 96 % with no procedure-related complications.²

A recent systematic review and meta-analysis of nine studies with 284 patients of bile duct and gall bladder masses has revealed that pooled sensitivity and specificity of EUS-FNA is

84 and 100 %, respectively, and concluded that it is a safe and accurate tool for diagnosis.³

In a study of six patients by Varadarajulu et al.,⁴ where CT detected definitive gall bladder mass only in one patient, EUS-FNA correctly diagnosed the masses in all the six cases. This suggests that EUS-FNA is more sensitive and accurate than CT and should be used in the case of high clinical suspicion with normal or inconclusive CT before undertaking surgery.

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