Aims and Methods: In the case reported, the EUS-FNA was useful for the differential diagnosis with residual biliary microlithiasis and the diagnosis of nononcologic pathology.

Results: Male, white, 35-year-old, human immunodeficiency virus and tuberculosis treatment for about 5 months presented with jaundice. No fever, weight loss or abdominal pain. Choluria and hipocholia. History of cholecystectomy for about 1 year due to cholelithiasis. Laboratory tests showed cholestatic jaundice (direct hyperbilirrubinemia). Abdominal ultrasound showed liver without particularities, without biliary dilatation or filling defects. Initially suspected hepatitis due tuberculosis drugs so, the treatment was suspended. After a week with no drugs, no improvement in jaundice was observed. In contrast, a progressive increase indirect bilirubin. EUS performed with identification of mass along the distal common bile duct near the duodenal papilla. FNA performed with the presence of lymphocytes and tuberculosis bacile positive. After, endoscopic retrograde cholangiopancreatography was performed with sphincterotomy and placement of endoprosthesis for biliary drainage. The tuberculosis drugs were restarted with the plan to complete. The jaundice was resoluted. The patient completed 9 months of treatment and abdominal tomography has not identified a mass in that place.

Conclusion: The EUS-FNA was proven to be a useful tool for diagnosis of non-oncologic pathologies like tuberculosis.

Status of the presenting author: Chief resident. The authors declare: No significant relationship.

Diagnosis of ganglionar tuberculosis by endoscopic ultrasonography

N. Camargo Schneider¹, N. Coelho², P. Dutra¹, R. Dalmolin¹, G. Narvaez¹, F. Ramos³, F. Ramos³ ¹Hospital mãe de deus, Porto Alegre, Brazil, ²Hospital

Moinhos de Vento, Porto Alegre, Brazil, ³Hospital Mae de Deus, Porto Alegre, Brazil

Introduction: The endoscopic ultrasonography (EUS) is an endoscopic technique of proven clinical validity today, having a significant impact on the diagnosis and evaluation of several diseases with a low complication rate. The EUS-fine-needle aspiration (FNA) allows the evaluation of subepithelial lesions, extra-luminal lymph nodes or the gastrointestinal tract that are difficult to access by other methods with safe and high diagnostic accuracy.