

was muscularis mucosa (59.4%), followed by submucosa (15.8%) and muscularis propria (21.1%). 3.7% of SET was indetermined. In the analysis of primary assumptive diagnosis, 70.5% was leiomyoma, 16.8% was granular cell tumor, 6.8% was gastrointestinal stromal tumor, 1.6% was cyst and 2.1% was vascular ectasia. The tissue sample by biopsy was checked in only 14.2% (27 cases) and the result was mostly (81.5%) non-specific inflammation. 21 cases (9.1%) of 230 patients revealed extrinsic compression, 61.9% was compressed by vessel, 33.3% was due to spine and one case (4.8%) was bronchus. 20 patients (8.7%) was normal without SEL. 107 patients (46.5%) of enrolled 230 patients repeatedly underwent EUS at least twice but, 79.4% (85/107) of SET was no change in size or shape.

Conclusions: Esophageal SEL is mostly benign nature and misdiagnosed as extrinsic compression or normal variation easily. Thus, meticulous inspection is essential to distinguish SET and extrinsic compression. EUS is a good modality to examine esophageal SEL but, EUS is limited to accurate diagnosis of SET. The tissue acquisition for accurate diagnosis of SET is an important issue.

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The analysis of endoscopic ultrasonographic finding for esophageal subepithelial lesion

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Introduction: The number of endoscopic ultrasonography (EUS) for esophageal subepithelial lesion (SEL) is on the increase recently. We retrospectively investigated the 230 patients who underwent EUS for esophageal SEL from July 2010 to June 2013. We analyzed EUS finding and assumptive diagnosis.

Results: Among 230 enrolled patients, subepithelial tumor (SET) was observed in 189 (82.2%) patients. Mean size of SET was 8.5 ± 5.0 mm and mean distance from incisor tooth to lesion was 29.2 ± 6.7 cm. The most common origin wall layer of the SET