



## Acquire™ Endoscopic Ultrasound Fine Needle Biopsy Device

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### Patient History

A 55 year-old woman with a past medical history significant for tobacco abuse presented to an outside gastroenterologist with periumbilical pain and weight loss of 30 pounds unintentionally over the past 3-6 months. She underwent a diagnostic upper endoscopy and was found to have thickened gastric folds in the entire examined stomach. Additionally, the stomach was noted to not insufflate to the normal extent. Tunneled biopsies were performed of multiple folds. These biopsies were only notable for chronic gastritis.

The patient was referred for endoscopic ultrasound (EUS) and possible deep sampling of the gastric wall.

### Procedure

We performed an esophagogastroduodenoscopy (EGD) followed by a radial EUS, and then a linear EUS.

During the EGD, we performed bite-on-bite biopsies of a thickened gastric fold (Figure 1). The radial EUS revealed a diffusely thickened gastric wall up to 17.4mm (Figure 2). The echoendoscopes could not be passed farther than the body of the stomach because of fixed resistance felt during scope advancement. The linear EUS scope was then used to sample a thickened fold to the deep muscle layer in the body of the stomach. Fine needle biopsy (FNB) using a 22g Acquire™ Endoscopic Ultrasound Fine Needle Biopsy Device was performed (Figure 3). Five transmural passes were successfully made.

### Outcome/Post-procedure

The fine needle core biopsy specimen was sent for both cytology and histology. Both specimens showed adenocarcinoma with signet ring features confirming the clinical suspicion of linitis plastica. The core biopsy specimen sent for histology even showed the malignant cells infiltrating the muscularis propria of the stomach wall; however, the bite on bite biopsies were again non-diagnostic.

### Conclusion

Gastric adenocarcinoma with linitis plastica can be difficult to diagnose endoscopically. Using the Acquire fine needle biopsy needle we were able to provide a full thickness core specimen to make a diagnosis and possibly save the patient a diagnostic operation.



**FIGURE 1** Photo courtesy of Dr Brooks Vance



**FIGURE 2** Photo courtesy of Dr Brooks Vance



**FIGURE 3** Photo courtesy of Dr Brooks Vance

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Results from case studies are not necessarily predictive of results in other cases. Results in other cases may vary.

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