

**DIAGNOSTIC ACCURACY OF ENDOSCOPIC ULTRASOUND IN DIAGNOSIS OF  
CHOLEDOCHOLITHIASIS IN A TERTIARY HOSPITAL IN THE PHILIPPINES: A PRELIMINARY  
REPORT**

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SIGNIFICANCE	EUS has been advocated for the diagnosis of choledocholithiasis in intermediate risk patients due to its safety than more invasive ERCP. There has been no studies in the Philippines that assess its diagnostic accuracy. The objective of this study is to assess the diagnostic accuracy of EUS in choledocholithiasis.
METHODOLOGY	This was a prospective cross sectional study. We included intermediate risk of patients based on their symptoms, markers and transabdominal ultrasound (without evidence of choledocholithiasis). Once the patient was diagnosed by EUS, ERCP will be done to confirm the diagnosis. If there was no choledocholithiasis by EUS, appropriate treatment and a follow up after 6 months was done. Sensitivity, specificity, and accuracy were calculated
RESULTS	A total of 36 patients were included in the study. The most common symptom was abdominal pain (83.3%). Resulting mean for total bilirubin was 85umol/L while mean B1 and B2 were 22.1umol/L and 62.1umol/L respectively. Moreover, the average ALP, AST and ALT were 186.8U/L, 81U/L, and 140.9U/L, respectively. The differences of CBD size measurement based on Transabdominal ultrasound and EUS findings was not significant (p value= 0.0554). The sensitivity and specificity of EUS is 100% (Sn: 95% CI 54.07 to 100%) (Sp: 95% CI 88.43 to 100%). Hence, overall accuracy is also 100% and area under the curve is perfectly 1.0 (95% CI 0.90 to 1.0).
CONCLUSION	EUS has an excellent diagnostic accuracy which can help reduce unnecessary invasive procedures in patients with suspected choledocholithiasis hence decreasing complications.
KEYWORDS	Prospective cross sectional study, Choledocholithiasis, Endoscopic Ultrasound, Endoscopic Retrograde Cholangiopancreatography