

ultrasonography (EUS), GISTs could be found in an early stage (with a relatively small diameter and no metastasis). In our study, we focused the attention on the accuracy of echoendoscopic description of submucosal lesions to achieve a prior and suggestive diagnosis of "real GIST" respect to other submucosal lesions evaluating the accordance of EUS findings with histological diagnosis.

**Methods:** Data of 18 consecutive patients (9F, 9 M; mean age 62,5) followed between 2014 to 2017 in the SOC of Oncological Gastroenterology of Centro di Riferimento Oncologico (CRO) of Aviano with a diagnosis of sub-mucosal lesion compatible with GIST were retrospectively collected. To better increase the accuracy of the study, we excluded patients with lesions smaller than 1 cm. By performing echoendoscopy, we considered 4 morphologic parameters: echo patterns, borders, anechoic spaces and submucosal layer to define the diagnosis. We then matched the descriptive diagnosis with histology obtained from FNA of lesions.

**Results:** Out of 18 patients, 11 had lesions at fundus, 3 in corpus and 4 in antrum. 3 patients had a lesion bigger than 4 cm while the others had smaller lesions (mean cm  $2,3 \times 2,7$  SD  $\pm 0,82 \times 0,7$  cm). All lesions arose from muscular layer, in 9 cases there were also involvement of serosa, in 3 cases submucosa, one of serosa and submucosa, and in two cases there was involvement of all layers ending in an ulcerating mucosa. The 4 echoendoscopic parameters were present in all lesions but 2 out of 18 (11%) patients with a prior echoendoscopic diagnosis of GIST, resulted at histology to be other sub-mucosal lesions than GIST; in particular, we found a leiomyoma and schwannoma.

**Conclusion:** EUS is a crucial tool for differential diagnosis of submucosal lesions because using ultrasound it provides high-resolution images. Our preliminary data demonstrate that even if histology and immunohistochemical analysis are mandatory for a definitive GIST diagnosis, an accurate echoendoscopic description of lesion, respecting the parameters evaluated in our study, can be useful to accurately discriminate a submucosal lesion suspected to be a GIST from others submucosal lesions.

**P – 323** Is FNA always necessary in submucosal lesion miming GIST?

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**Introduction:** Gastrointestinal stromal tumors (GISTs) are the most common mesenchymal tumors of the gastrointestinal tract. About 70% of GIST occur in the stomach, 20% in the small intestine and less than 10% in the esophagus. Often It's difficult to differentiate GIST from other sub-mucosal lesions such as leiomyomas, neurinomas and fibromas during endoscopy but with the widespread application of endoscopic