The recurrence rate after treatment for MALTOMA was reported as 37%, so it very important to perform frequent surveillance.

**Endoscopic Ultrasound-Guided Fine Needle Biopsy of Prevertebral Lesion in the Diagnosis of CD30-Positive T-cell Lymphoma**

Kornpong Vantanasiri, MD, Amy Beckman, MD, Guru Trikudanathan, MD.

*University of Minnesota, Minneapolis, MN.*

**INTRODUCTION:** Endoscopic ultrasound-guided fine needle biopsy (EUS-FNB) is a minimally-invasive technique that has been used for acquiring tissue samples from the organ structures located in close proximity to gastrointestinal tract. EUS-FNB is typically reserved for visceral lesions and has not been commonly used for vertebral or prevertebral lesions. We described a case with application of EUS-FNB to obtain a diagnosis for thoracic prevertebral lesion in post-lung transplantation patient.

**CASE DESCRIPTION/METHODS:** A 62-year-old male with a history of bilateral lung transplantation presented with 1 week of fevers. A CT scan showed area of increased fat attenuation anterior to T10 vertebral body concerning for osteomyelitis, which was consistent with the findings on MRI, which revealed abnormal bone marrow signal with enhancement in T10 vertebral body. He was treated empirically with intravenous antibiotics and discharged with a plan of repeat imaging to assess treatment response. However, he returned in 1 week with recurrent fevers. Repeat MRI revealed unchanged abnormal bone marrow signal along with T2-hyperintense enhancing soft tissue extension of T10 vertebral body. There was a high concern for malignancy given the lack of response after antibiotics therapy, and biopsy was warranted to confirm the diagnosis. The case was discussed in interdisciplinary meeting and EUS-FNB was pursued. Upper EUS demonstrated a 53 mm by 33 mm ill-defined hypoechoic lesion arising from the T10 vertebral body. FNB with a 22-gauge needle was performed via transesophageal approach under endosonographic guidance with color Doppler. Final analysis of cytologic stain revealed atypical cells with expression of CD30 and CD4, which was consistent with CD30-positive T-cell lymphoma. The patient was treated with Brentuximab Vedotin combination regimen. His fever subsequently subsided, and he was discharged after a 4-day hospitalization.

**DISCUSSION:** This case illustrated the use of EUS-FNB as a novel diagnostic modality for prevertebral lesions. Due to its anterior location, the lesion was not amenable to CT-guided percutaneous FNB via posterior approach or open surgical biopsy via anterior approach given the high likelihood of extensive adhesions due to bilateral lung transplantation. With real-time needle visualization during tissue sampling, EUS-FNB significantly reduces the risk of injury to spinal cord and adjoining structures.

**Use of a Lumen-Apposing Metal Stent for a Colo-Colonic Stricture in the Time of COVID-19**

Clara Smith, DO, Sean T. McCarthy, MD, David Lo, MD, FACC.

*OhioHealth Riverside Methodist Hospital, Columbus, OH; 2Ohio Gastroenterology Group, Inc., Columbus, OH.*

**INTRODUCTION:** Anastomotic strictures are a known complication of colon resections. Risk factors include neoadjuvant chemo-radiation, anastomotic leak, diverting stoma and stapled anastomosis. Endoscopic balloon dilation is the first line intervention for anastomotic strictures but often requires several treatment sessions and associated healthcare system exposure. We describe a case of a colorectal anastomotic stricture treated with a lumen apposing metal stent (LAMS) with the purpose of decreasing frequency of endoscopic therapy during the initial outbreak of COVID-19.

**CASE DESCRIPTION/METHODS:** A 51 year old female presented for management of a colo-colonic anastomotic stricture. She underwent a low anterior ressection for stage III rectal cancer, complicated by an anastomotic leak requiring a diverting loop ileostomy. She then completed adjuvant XRT and FOLFOX therapy. She presented for evaluation 6 months after the creation of her colonic anastomosis. Endoscopic balloon dilation is the first line intervention for anastomotic strictures but often requires several treatment sessions and associated healthcare system exposure. We describe a case of a colorectal anastomotic stricture treated with a lumen apposing metal stent (LAMS) with the purpose of decreasing frequency of endoscopic therapy during the initial outbreak of COVID-19.

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