the lesions (size and location), confirmation of the form of collection and degree of similarity of the results with those described in the literature. We divided the size of the lesions in three groups: less than 1 cm; 1 to 3 cm and larger than 3 cm. 5% significance was adopted.

**Results:** In 86.86% of the cases, the final pathologic diagnosis confirmed the clinical suspicion. Ninety nine (99) pancreatic punctures were performed, 65.66% in the head of the pancreas; 23.24% in the body; 8.08% in the tail and 3.02% in the uncinate process. The major part of the punctures (54.55%) had 1 to 3 cm; 37.37% were greater than 3 cm and 8.08% less than 1 cm. Sixty three percent (63.07%) of the punctures of head nodules were positive. 68.29% of them had between 1 to 3 cm; 24.40% were greater than 3 cm and 9.75% less than 1 cm. Eighty two percent of the punctured in the body were positive; 68.42% of them had between 1 to 3 cm; 21.05% was greater than 3 cm and 10.52% less than 1 cm. In the tail, 50% of the punctures were positive, 62.50% of them were greater than 3 cm and 37.50% (1 to 3 cm). In uncinate process, punctures were positive in 66.66%, and 66.67% were greater than 3 cm, while 33.33% had between 1 to 3 cm. Of the 13.13% negative nodules, 56.92% were in the head (1 to 3 cm); 20.01% in the Body (83.24% -1 to 3 cm and 16.76% greater than 3 cm); 7.69% in the Tail (1 to 3 cm) and 15.38% in the uncinate process (greater than 3 cm).

**Conclusion:** It is concluded that our study coincided with the literature as we had 86.86% of sensitivity and 100% of specificity. The negative results were more frequent in lesions in the head of the pancreas and smaller than 1 cm.

**Introduction:** In the last 10 years echoendoscopy has been consolidated as a major weapon for the diagnosis of pancreatic diseases. The improvement in radiological exams (tomography and MRI) increases the number of nodules detected in asymptomatic patients. And it is important to establish diagnoses by cytology or histology. Echoendoscopy is better than conventional ultrasound to guide puncture because of the retroperitoneal localization. This study aimed to analyze the result of punctures performed in solid lesions in pancreas.

**Methods:** It is a retrospective study, quantitative, carried out in a private clinic in Northeast of Brazil, comprising 99 patients who underwent pancreatic puncture during the years 2016 and 2017 using a single needle (22 gauge). Fanning maneuver and technique by Negative pressure and capillarity, depending on the doctor’s choice, without rose. GraphPad software was used for the statistical analysis efficiency of the punctures.

**Analysis of echoendoscopic punctures of a solid pancreatic lesions in a private institution in Brazil**

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**Abstract:**

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