Endoscopic ultrasonography-guided fine needle aspiration (EUS-FNA) is a safe and precise procedure for diagnosis of pancreatic masses since the first report by Vilmann et al. Diagnosis by EUS-FNA has been conducted based on the cytology and histology. In general, the diagnostic ability was more than 85% to 90% in high volume center. In other words, misdiagnosis is seen in approximately 10%. Thus, all endosonographers aim to increase the diagnostic ability using several EUS-FNA techniques or novel needles. In this lecture, I would like to review of the latest technique and devices in EUS-FNA of pancreatic masses.

In terms FNA technique, several technique emerged, funning technique, door knocking method, high negative pressure, wet suction, and so on. Regarding needle, side-port needle, folk-tip needle, 19-gauge needle with MOSE, and so on. Consequently, first pass outcome using new technique and/or needle was statistically superior to present technique and needle. However, there was no significant difference of final outcome between new technique and/or needle and present one.

In conclusion, although new techniques and needles emerged, so far optimal technique and needle for FNA in pancreatic masses are controversial.