Procedure
The cyst was punctured with a 19-gauge EUS needle. After removal of the stylet, the Moray™ micro forceps was introduced into the EUS needle.

Biopsy
The Moray™ micro forceps was easily identified on EUS (Fig. 2), even when it was passing inside the EUS needle. By manipulating the distance and angle of the EUS needle and the Moray™ micro forceps to the target area, we could direct the forceps with great accuracy inside the pancreatic cyst. A few biopsies of the cyst wall (Fig. 3) and targeted biopsies of the nodule were performed. A clear serous cyst fluid was also collected for biochemistry and cytology. The cytology of the cyst fluid was negative, and Carcinoembryonic antigen (CEA) and Amylase was within normal range. The histopathological results from both the cyst wall and the nodule revealed mucinous epithelium (Fig. 4), and the diagnosis of a mucinous pancreatic cyst was made.

Indications
An 85-year-old woman with incidental finding of a 30x20mm solitary cystic lesion in the body of the pancreas on CT scan was referred for evaluation with endoscopic ultrasound (EUS) at Haukeland University Hospital in Bergen, Norway. On EUS, the lesion had no connection with the pancreatic ducts, but a small nodule could be seen inside the cyst (Fig. 1).