**Moray® micro forceps**

Case Report Series • Report 5

“I could not have made the diagnosis in this patient without the ability to biopsy the cell wall of the pancreatic cyst using the Moray® [micro forceps].”

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**Procedure**

Endoscopic Ultrasound (EUS) with fine needle aspiration and tissue acquisition using the Moray® micro forceps.

**Indications**

A 54-year-old man had an incidental finding of a pancreatic cyst in the tail of the pancreas on a CT scan. Subsequent Magnetic resonance cholangiopancreatography (MRCP) revealed a 2.5cm cystic lesion in the tail of the pancreas with mural enhancement of the walls. EUS was performed for further evaluation.

**Endoscopic Ultrasound**

A 2.6 x 2.4cm anechoic, well-demarcated cyst with a few septations was seen in the tail of the pancreas. The cyst wall was unusually thickened measuring up to 2.8mm in maximum thickness. The main pancreatic duct was non-dilated, and there was no clear communication seen between the cyst and main pancreatic duct. The cyst underwent fine needle aspiration with a 19-gauge FNA needle with about 5cc of thin, slightly pink colored, clear fluid. The cyst fluid was sent for carcinoembryonic antigen (CEA), amylase, and cytology. After injection of 5cc of normal saline back into the cyst, the Moray® micro forceps was passed through the FNA needle and two biopsies of the thickened cyst wall were performed.

The cyst fluid analysis showed a CEA of 1.6ng/mL and amylase of 74U/L. Cytology was paucicellular and non-diagnostic. The microscopic results from the cell wall biopsies showed clusters of monotonous cells with round nuclei and smooth nuclear contours which stained positive for chromogranin. The findings were consistent with a neuroendocrine tumor.

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Figure 1  
MRCP image of the pancreatic cyst in the tail of the pancreas  
Figure 2  
EUS image of the pancreatic cyst  
Figure 3  
EUS image of the Moray® micro forceps obtaining a biopsy of the cell wall  
Figure 4  
Microscopic view of the cyst wall