

Letter to the Editor

Prospects of Endoscopic Ultrasound (EUS) in Bangladesh

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To
The Editor
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Dear Sir,

Through the columns of your esteemed journal, I wish to highlight the growing prospects of Endoscopic Ultrasound (EUS) in Bangladesh- an emerging and indispensable advanced diagnostic and therapeutic modality that is now considered a cornerstone of modern gastrointestinal care worldwide.

Bangladesh bears a substantial burden of hepatobiliary, pancreatic, and upper gastrointestinal malignancies, many of which are diagnosed at advanced stages. EUS plays a pivotal role in early diagnosis, accurate staging, and tissue acquisition through fine-needle aspiration (FNA) and fine- needle biopsy (FNB), particularly for pancreatic malignancies, peripancreatic lymphadenopathy, subepithelial GI lesions, and rectal diseases. From a health-policy perspective, EUS significantly reduces reliance on invasive surgical diagnostics, thereby lowering procedure-related morbidity, hospital stay, and long-term healthcare expenditure.

Beyond diagnostics, therapeutic EUS has transformed the management of complex GI conditions. In cases of failed ERCP due to duodenal infiltration or hilar cholangiocarcinoma, EUS-guided biliary drainage offers a safe and effective alternative to percutaneous transhepatic biliary drainage (PTBD), which is associated with higher complication rates and patient discomfort. Similarly, EUS-guided gastroenterostomy provides a minimally invasive solution for gastric outlet obstruction in high-risk surgical patients, while EUS-guided radiofrequency ablation and celiac plexus neurolysis have significantly improved palliative care outcomes in pancreatic malignancies. These interventions align with global goals of minimally invasive, cost- effective and patient-centered care.

Despite its proven benefits, EUS services in Bangladesh remain severely limited, currently available at only three centers: the National GastroLiver Institute & Hospital (NGLIH), Bangladesh Medical University (BMU) and United Medical College Hospital. While this marks an encouraging start, it falls far short of national demand. Notably, NGLIH performed approximately 700 EUS procedures during 2024–2025, including diagnostic EUS, FNA/FNB, cystogastrostomy, and celiac plexus block—demonstrating both feasibility and growing clinical

need. However, advanced therapeutic EUS procedures are still not routinely practiced in Bangladesh due to high equipment costs, lack of trained manpower and absence of structured fellowship programs.

Recent exposure to international training programs, including participation in an advanced EUS workshop in Hyderabad, India - demonstrated that therapeutic EUS procedures such as biliary drainage, gastroenterostomy, radiofrequency ablation, and variceal coiling are achievable in resource-constrained settings with appropriate planning. This experience reinforced the belief that such procedures are feasible in Bangladesh with appropriate logistical support and structured training programs. Encouragingly, a recent EUS workshop organized by the Bangladesh Gastroenterology Society (BGS) at Bangladesh Medical University (BMU) conducted by an international faculty represent important steps toward capacity building.

From a national policy standpoint, the expansion of EUS services should be prioritized within tertiary and selected secondary healthcare facilities. This requires coordinated action involving government health authorities, professional societies, academic institutions and development partners to establishing structured EUS training and certification programs, developing centers of excellence with stepwise introduction of therapeutic EUS, strengthening cytopathology collaboration for EUS-guided tissue diagnosis and facilitating public-sector investment and public–private partnerships to reduce equipment and maintenance costs.

Wider adoption of EUS would reduce dependence on radiological interventions and palliative surgery, minimize the need for overseas referrals for advanced GI procedure, thereby conserving foreign currency and represent a significant advancement in interventional gastroenterology practice in the country. In this context, your esteemed journal can play a pivotal role in fostering scholarly discussion and awareness regarding the future of EUS in Bangladesh.

Sincerely,

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