Endoscopic submucosal dissection of high grade intraepithelial neoplasia of the head and neck in a patient after surgical resection of esophageal cancer

Fig. 1 Narrow-band image shows an oval, flat-elevated, well-demarcated brownish area.

Fig. 2 White light image of the same lesion.

Fig. 3 Magnifying narrow-band image shows an intrapapillary capillary loop (IPCL) type V2 lesion.

Fig. 4 Complete resection of the tumor by endoscopic submucosal dissection.

Fig. 5 Resected specimen measures 1.0 × 1.3 cm.

Fig. 6 Histological section of the dissected specimen shows high grade intraepithelial neoplasia (magnification × 100).

Patients with esophageal squamous cell carcinoma (SCC) frequently develop second primary SCC of the head and neck (HNSCC) synchronously and/or metachronously [1]. Previous studies reported that narrow-band imaging (NBI) was useful for identifying HNSCC at an early stage [2] and that endoscopic submucosal dissection (ESD) [3] could be used for treatment. In this report, we describe a case of early-stage HNSCC developing metachronously 1.5 years after esophageal cancer surgery that was detected and successfully treated.

A 64-year-old man was admitted to Beijing Military General Hospital because of HNSCC, which was found by follow-up endoscopy after surgical treatment of esophageal SCC. On NBI (● Fig. 1), followed by white-light imaging (● Fig. 2), an oval, flat-elevated mucosal lesion with an estimated size of 1.0 × 1.3 cm was detected on the right pyriform sinus. Magnified NBI showed an intrapapillary capillary loop (IPCL) type V2 lesion (● Fig. 3). ESD was successfully achieved (● Fig. 4) with the patient under general anesthesia and endotracheal intubation. The en bloc resected specimen measured 1.0 × 1.3 cm (● Fig. 5). Histopathologic examination showed complete resection of a high grade intraepithelial neoplasm, and margins were histologically tumor-free (● Fig. 6). No residual lesion or recurrence was found at latest follow-up esophagogastroduodenoscopy.

For ESD we used an injection needle from MTW Endoskopie (Wesel, Germany), injection of sodium hyaluronate (Shanghai, China) to form the submucosal cushion, and a transparent hood and Dual-Knife from Olympus (Tokyo, Japan). We used a GIF-H260 endoscope for examination, a GIF-H260Z for identification of the IPCL type, and a GIF-Q260J for treatment, all from Olympus.

Muto et al. [4] suggested that NBI could be the standard examination for early detection of superficial cancer in the head and neck region and the esophagus. In accordance with their results, we have switched from white light to NBI mode to inspect the head and neck region and the esophagus from the beginning of the endoscopic examination. In the case reported here, using NBI and ESD, we were able to detect and treat high grade intraepithelial neoplasia in the head and neck region without any complication.

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Competing interests: None

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