Salvage endoscopic submucosal dissection with a small-caliber endoscope for recurrent esophageal cancer on distal side of esophageal stricture

Salvage endoscopic submucosal dissection (ESD) is effective for local recurrent esophageal cancer after chemoradiotherapy [1, 2]. However, severe late toxicity, mostly in the form of esophageal strictures and ulcerations, can occur in patients who undergo chemoradiation in the definitive treatment of esophageal cancer [3]. Endoscopic treatment for esophageal neoplasia in patients with esophageal stricture is challenging [4]. A 76-year-old woman with recurrent esophageal cancer after chemoradiotherapy was referred to our department for endoscopic treatment. Endoscopy showed a cervical esophageal stricture due to chemoradiotherapy (▶ Fig. 1) and a half-circumferential flat cancer on the distal side of the stricture (▶ Fig. 2; ▶ Video 1). Although balloon dilation was performed, the therapeutic endoscope could not be passed through the stricture. We performed ESD with a small-caliber endoscope (EG-L580NW7; Fujifilm, Tokyo, Japan; diameter 5.8 mm, working channel 2.4 mm). Small-caliber ESD devices such as an endo-knife, clip-line traction device, and hemostatic forceps were used (Souten, Ichigan, and Raicho, respectively; Kaneka Medics, Tokyo, Japan). A distal attachment was used to stabilize the endoscope. Markings, mucosal incision, and submucosal dissection were all performed using an endo-knife (▶ Fig. 3). After circumferential mucosal incision, a traction device was applied to obtain a good field of view for dissection. A small-caliber hemostatic forceps was used to arrest bleeding. Finally, the lesion was completely resected en bloc in 55 minutes without any complications (▶ Fig. 4).

Fig. 1 Endoscopy showed circumferential ulceration and stricture in the cervical esophagus that had developed due to chemoradiotherapy.

Fig. 2 Endoscopy showed a half-circumferential flat cancer on the distal side of the esophageal stricture.

Fig. 3 Markings, mucosal incision, and submucosal dissection were all performed using an endo-knife.

Fig. 4 The lesion was completely resected en bloc in 55 minutes without any complications.

Video 1 Endoscopic submucosal dissection with a small-caliber endoscope for recurrent esophageal cancer on the distal side of the esophageal stricture.
tely resected en bloc (Fig. 4) in 55 minutes without any complications. Histopathology revealed squamous cell carcinoma with slight submucosal invasion and negative horizontal and vertical margins (Fig. 5). No other treatment for the recurrent esophageal cancer was performed because the patient refused additional surgical treatment. In conclusion, salvage ESD with a small-caliber endoscope can be a treatment option for recurrent superficial esophageal cancer after chemoradiotherapy where a conventional endoscope cannot be used because of proximal esophageal stricture.

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Competing interests

The authors declare that they have no conflict of interest.

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