

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



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



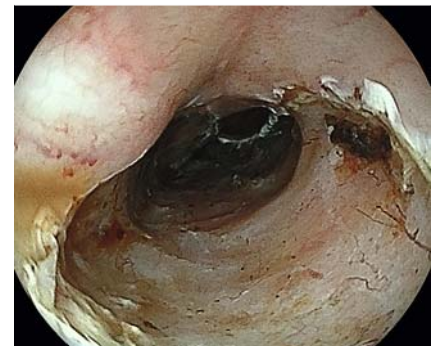
► **Fig. 2** Endoscopy showed a half-circumferential flat cancer on the distal side of the esophageal stricture.



► **Video 1** Endoscopic submucosal dissection with a small-caliber endoscope for recurrent esophageal cancer on the distal side of the esophageal stricture.



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

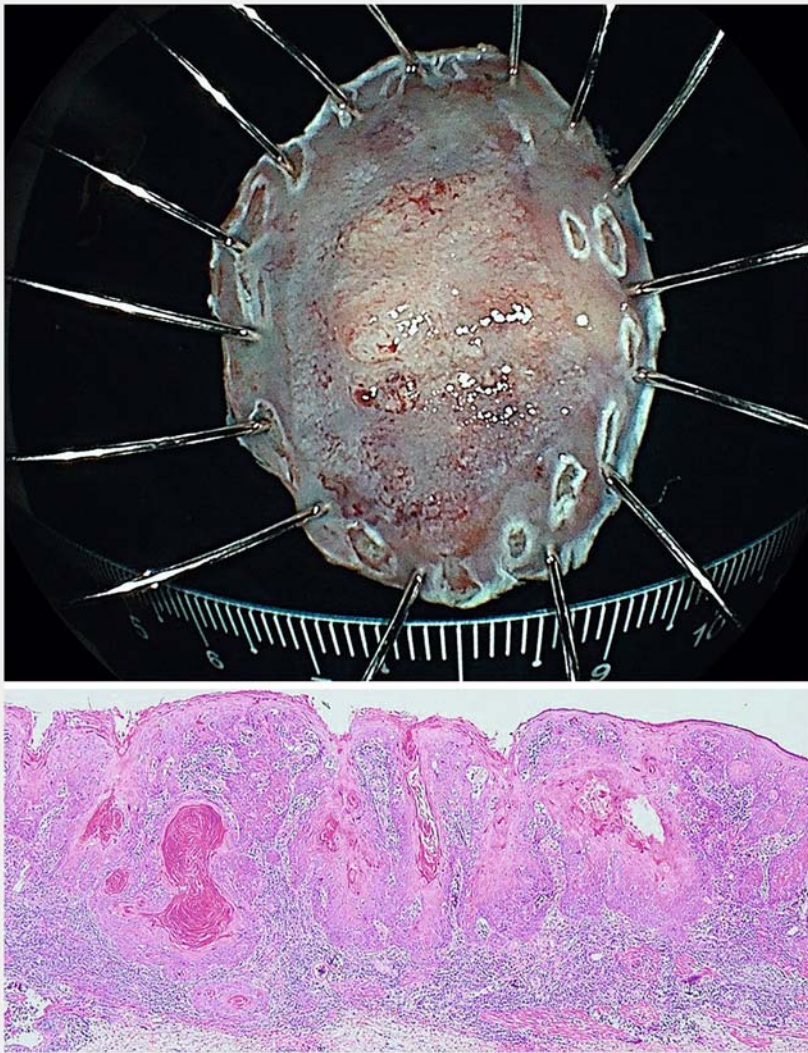


► **Fig. 4** The lesion was completely resected en bloc in 55 minutes without any complications.

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 chemoradiotherapy 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 for-

ceps 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 the 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 comple-



► **Fig. 5** Histopathological examination revealed squamous cell carcinoma with slight submucosal invasion and negative horizontal and vertical margins. Upper: macroscopic view of the resected specimen. Lower: hematoxylin–eosin stain, ×100 magnification.

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.

Endoscopy_UCTN_Code_TTT_1AO_2AG

Competing interests

The authors declare that they have no conflict of interest.

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Endoscopy 2021; 53: E363–E364

DOI 10.1055/a-1296-7632

ISSN 0013-726X

published online 19.11.2020

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Georg Thieme Verlag KG, Rüdigerstraße 14, 70469 Stuttgart, Germany