# A soft hood improves maneuverability in narrow spaces during pharyngeal endoscopic submucosal dissection

Endoscopic submucosal dissection (ESD) is a minimally invasive treatment for superficial pharyngeal cancer [1]. However, maneuvering the scope is more difficult in working spaces that are narrowed by anatomical features, such as the larynx and thyroid cartilage, or by equipment, such as intubation tubes, laryngoscopes, and grasping forceps. Transparent hoods are widely used for ESD in all gastrointestinal sections to secure the visual field and provide traction, but their long tips and larger outer diameters can obstruct surrounding structures during a pharyngeal ESD. We therefore used a soft, bendable transparent hood (Space adjuster; TOP Corporation, Tokyo, Japan) for pharyngeal ESDs to improve maneuverability in tight working spaces (> Video 1).

## Case 1

An 18-mm lesion was located at the left pyriform sinus (► Fig. 1 a). As its oral edge (red arrowhead) was close to an aryepiglottic fold, we were concerned about intrusion by the intubation tube during the incision. We therefore used a soft hood, which bent with its surroundings, thus reducing interference with the intubation tube (► Fig. 1 b).

## Case 2

Three small lesions (5 to 8 mm) that were located at the left pyriform sinus (**> Fig.2 a**) were resected en bloc. We used a soft hood to avoid occluding the larynx and blocking the grasping forceps during ESD (**> Fig.2 b**).

In conclusion, these procedures were stably performed, even in narrow working spaces, using a soft hood during pharyngeal ESD.





**Video 1** A soft hood that bends in narrow working spaces improves endoscope maneuverability.



▶ Fig. 1 Case 1: an 18-mm lesion on the left pyriform sinus. a Endoscopic image of narrowband imaging (arrowheads: lesions). Oral edge of this lesion (red arrowhead) was close to an aryepiglottic fold. b Endoscopic image during endoscopic submucosal dissection. The soft hood bent.

Endoscopy\_UCTN\_Code\_TTT\_1AO\_2AD, Endoscopy\_UCTN\_Code\_TTT\_1AQ\_2AJ

#### **Competing interests**

The authors declare that they have no conflict of interest.



▶ Fig. 2 Case 2: the lesions on the left pyriform sinus. a Endoscopic image of white-light endoscopy. Three small lesions (5 to 8 mm) are marked. b Endoscopic image during endoscopic submucosal dissection. A soft hood bent.

#### The authors

#### Kotaro Waki<sup>1</sup>, Takashi Kanesaka<sup>1</sup>, Ryu Ishihara<sup>1</sup>, Muneaki Miyake<sup>1</sup>, Tomoki Michida<sup>1</sup>, Takashi Fujii<sup>2</sup>

- 1 Department of Gastrointestinal Oncology, Osaka International Cancer Institute, Osaka, Japan
- 2 Department of Head and Neck Surgery, Osaka International Cancer Institute, Osaka, Japan

## Corresponding author

#### Takashi Kanesaka, MD

Department of Gastrointestinal Oncology, Osaka International Cancer Institute, 3-1-69 Otemae, Chuo-ku, Osaka 541-8567, Japan Fax: +81-6-6945-1902 takashikanesaka@gmail.com

#### Reference

 Hanaoka N, Ishihara R, Takeuchi Y et al. Endoscopic submucosal dissection as minimally invasive treatment for superficial pharyngeal cancer: a phase II study (with video). Gastrointest Endosc 2015; 82: 1002– 1008

### Bibliography

Endoscopy 2021; 53: E384–E385 DOI 10.1055/a-1304-3234 ISSN 0013-726X published online 9.12.2020 © 2020. Thieme. All rights reserved. Georg Thieme Verlag KG, Rüdigerstraße 14, 70469 Stuttgart, Germany

#### ENDOSCOPY E-VIDEOS https://eref.thieme.de/e-videos



Endoscopy E-Videos is a free access online section, reporting on interesting cases and new

techniques in gastroenterological endoscopy. All papers include a high quality video and all contributions are freely accessible online.

This section has its own submission website at https://mc.manuscriptcentral.com/e-videos