Endoscopic submucosal dissection (ESD) is an effective, minimally invasive treatment for superficial pharyngeal cancer (SPC) [1]. However, some cases of pharyngeal ESD are technically difficult because of the complex anatomical features and interference by equipment such as intubation tubes and the laryngoscope. Here, we report a challenging case of pharyngeal ESD for an SPC extending to the vocal folds (▶Video 1).

An 80-year-old man diagnosed with advanced esophagogastric junction (EGJ) cancer and SPC on the right pyriform sinus was referred to our hospital. Chemotherapy was initiated for treatment of the EGJ lesion and the SPC remained under surveillance. The EGJ lesion was well controlled with chemotherapy for more than 3 years but the pharyngeal lesion increased in size. Therefore, pharyngeal ESD was planned, as any further increase in size may have rendered the lesion untreatable by endoscopic therapy.

The 25-mm pharyngeal lesion on the right pyriform sinus extended beyond the arytenoid and aryepiglottic fold to the vocal folds side. The edge of the lesion on the side of the vocal folds could not be observed (▶Fig.1). Placement of a soft hood (Space Adjuster; TOP Corporation, Tokyo, Japan) on the endoscope enabled us to observe the edge of the lesion on the vocal folds side and to perform the ESD procedure on the side of the vocal folds [2] (▶Fig.2). After circumferential incision, a ring-shaped thread was applied to provide countertraction [3]. Subepithelial dissection around the right arytenoid was technically difficult because the dissecting layer could not be clearly observed due to fibrosis and rich fatty tissue. We performed dissection carefully with countertraction, and en bloc resection was achieved without adverse events (▶Fig.3). Histological examination revealed subepithelial invasive squamous cell carcinoma with negative margins (▶Fig.4).

The patient was extubated immediately after ESD, and was administered intravenous hydrocortisone sodium succinate (50–100 mg/day) for 5 days. He was discharged from hospital 6 days after ESD without adverse events including laryngopharyngeal edema.

Acknowledgments

This work was supported by Kumamoto University Hospital Research Revitalization Project.

Funding

Kumamoto University Hospital Research Revitalization Project R4-05
Competing interests

The authors declare that they have no conflict of interest.

The authors

Kotaro Waki1, Kenshi Matsuno1, Hideaki Miyamoto1, Ryosuke Gushima1, Hiroki Takeda2, Yorihisa Orita2, Yasuhito Tanaka1

1 Department of Gastroenterology and Hepatology, Faculty of Life Sciences, Kumamoto University, Kumamoto, Japan
2 Department of Otolaryngology-Head and Neck Surgery, Kumamoto University Hospital, Kumamoto, Japan

Corresponding author

Yasuhito Tanaka, MD, PhD
Department of Gastroenterology and Hepatology, Kumamoto University, 1-1-1 Honjo, Chuo-ku, Kumamoto City, Kumamoto 860-8556, Japan
ytanaka@kumamoto-u.ac.jp

References


Bibliography

Endoscopy
DOI 10.1055/a-1965-3756
ISSN 0013-726X
published online 2022
© 2022. The Author(s).

This is an open access article published by Thieme under the terms of the Creative Commons Attribution-NonDerivative-NonCommercial License, permitting copying and reproduction so long as the original work is given appropriate credit. Contents may not be used for commercial purposes, or adapted, remixed, transformed or built upon. (https://creativecommons.org/licenses/by-nc-nd/4.0/)

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

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

Endoscopy E-Videos is an open 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. Processing charges apply (currently EUR 375), discounts and waivers acc. to HINARI are available.

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