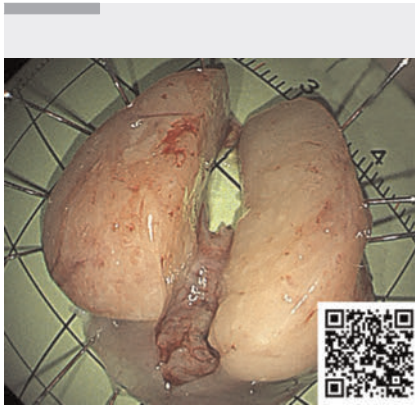


Endoscopic submucosal dissection for hypopharynx lymphoepithelioma-like carcinoma

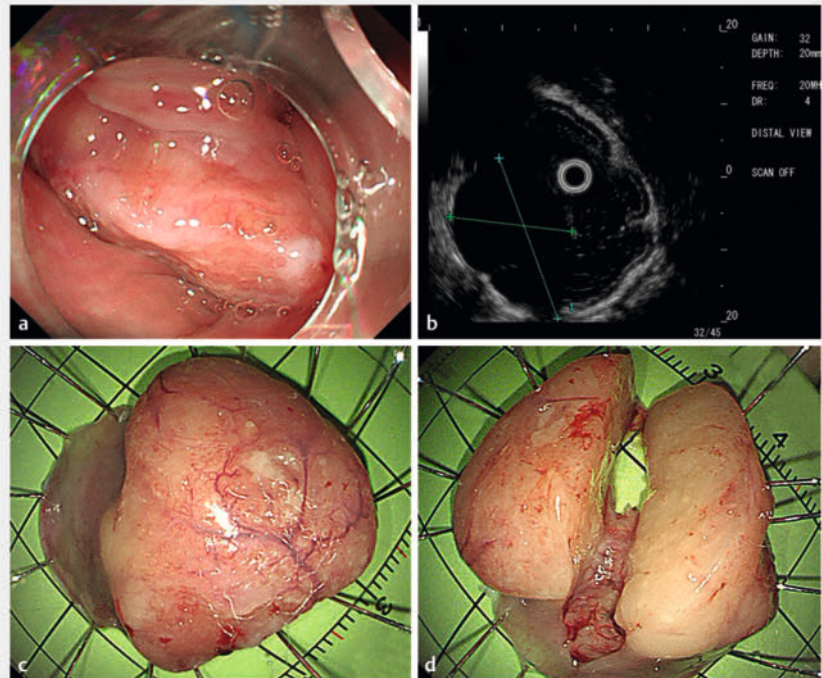
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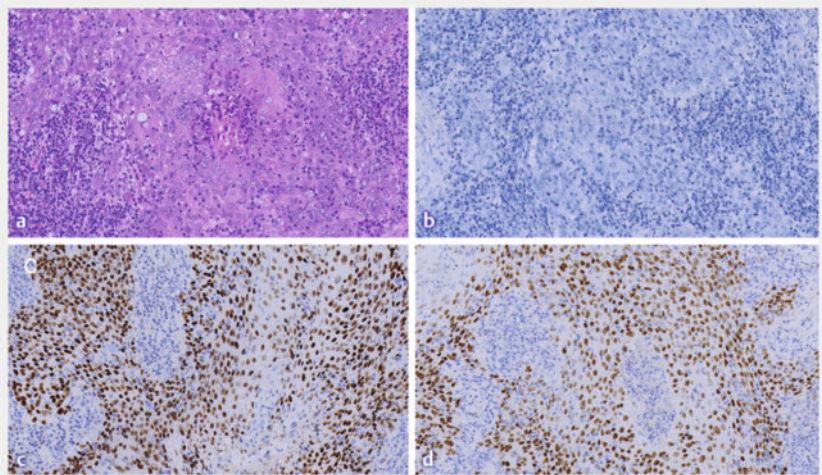
▶ Video 1 Endoscopic submucosal dissection was performed to remove a mass in the hypopharynx.

A 48-year-old man with no significant medical history presented to our hospital with a 1-year history of a foreign body sensation in the pharynx. Upper endoscopy revealed a mass originating from the left aryepiglottic fold, which completely filled the pyriform sinus and partially obstructed the entrance to the esophagus (▶ **Fig. 1 a**). Ultrasound endoscopy revealed a well-demarcated hypoechoic mass with uniform echogenicity, which was chiefly located in the left aryepiglottic fold (▶ **Fig. 1 b**). With a diagnosis of giant inflammatory fibroma suspected, endoscopic submucosal dissection (ESD) was performed to prevent incarcerated obstruction (▶ **Fig. 1 c, d**, ▶ **Video 1**). Histological results confirmed the mass to be lymphoepithelioma-like carcinoma (LELC) (▶ **Fig. 2**). The patient subsequently attended for follow-up endoscopy after a year, during which no evidence of recurrence or complications such as stenosis was seen.

LELC is a rare histological malignancy type characterized by the presence of a markedly prominent lymphoid infiltration and commonly associated with Epstein–Barr virus (EBV) infection [1]. Interestingly, this patient did not have



▶ Fig. 1 The mass originated from the left aryepiglottic fold and was removed endoscopically. **a** The mass filled the pyriform sinus and obstructed the entrance to the esophagus. **b** Ultrasound endoscopy observation. **c, d** The whole specimen was $3.0 \times 2.5 \times 2.5$ cm.



▶ Fig. 2 Hematoxylin and eosin (HE) and immunohistochemistry analysis. **a** HE revealed nests of neoplastic epithelial cells separated by abundant lymphoid stroma. **b** The specimen was negative for Epstein–Barr virus-encoded RNAs (EBERs). **c, d** The specimen was positive for P40 (**c**) and P63 (**d**).

EBV infection. Surgery and chemoradiotherapy are optional treatments but may lead to swallowing difficulties, vocal disturbances, and other side effects. ESD is commonly performed for early gastrointestinal cancers. However, pharyngeal ESD is still a challenge for most endoscopists owing to the limited working space and inexperience. Iizuka et al. reported the advantages of ESD in pharyngeal squamous cell carcinoma [2]. Our previous study reported the effectiveness of ESD for superficial pharyngeal carcinoma [3]. The current case is the first report of a hypopharynx LELC that was completely resected by endoscopy, and demonstrates the potential of ESD.

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Conflict of Interest

The authors declare that they have no conflict of interest.

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