

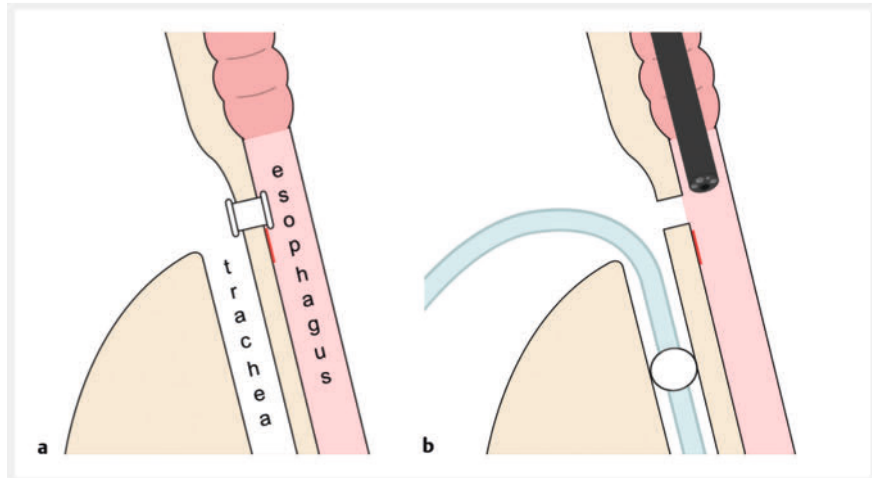
Endoscopic submucosal dissection for esophageal cancer behind a tracheoesophageal voice prosthesis



A tracheoesophageal voice prosthesis is used to restore vocal communication after a total laryngectomy [1, 2]. This device may interfere with the endoscope during endoscopic treatment of an esophageal lesion. However, its removal poses a risk of aspiration because it is located in a tracheoesophageal fistula. We successfully performed endoscopic submucosal dissection (ESD) for superficial esophageal squamous cell carcinoma behind a tracheoesophageal voice prosthesis.

A 65-year-old man was diagnosed, by means of upper gastrointestinal endoscopy, as having a superficial lesion on his upper thoracic esophagus. The oral part of the lesion was behind a tracheoesophageal voice prosthesis, which was placed after total laryngectomy and jejunal interposition for hypopharyngeal cancer. ESD was planned to be performed under general anesthesia to reduce the risk of aspiration when the tracheoesophageal voice prosthesis was removed.

The patient underwent tracheal intubation, and the intubation balloon was placed caudally to the lesion to prevent aspiration (► **Fig. 1**). After the voice prosthesis was removed, the endoscope was inserted, and markings were made around the lesion (► **Video 1**). ESD was performed using a FlushKnife BT-S (1.5 mm, DK2620); Fujifilm Medical, Tokyo, Japan) and the lesion was resected en bloc. After replacement of the voice prosthesis, extubation was performed. Histopathological examination revealed squamous cell carcinoma confined to the epithelium. As the lesion was completely removed endoscopically, the patient was followed up without additional treatment. After 8 months, no local recurrence was detected on surveillance endoscopy.



► **Fig. 1** Schematic diagrams. **a** The oral part of the superficial esophageal lesion behind a voice prosthesis. **b** The intubation balloon was placed caudally to the lesion and the voice prosthesis was removed.

ESD was successfully performed without any adverse events under general anesthesia by adjusting the cuff position of the intubation tube.

Endoscopy_UCTN_Code_TTT_1AO_2AG

Acknowledgement

We would like to thank Editage (www.editage.jp) for English language editing.

Conflict of Interest

T. Kanesaka has received honoraria from Olympus, AstraZeneca, and AI Medical Service. R. Ishihara has received honoraria from Olympus, FUJIFILM Medical, Daiichi-Sankyo, Miyarisan Pharmaceutical, AI Medical Service, Astra Zeneca, MSD, and Ono Pharmaceutical. Y. Tani, K. Higashino, K. Aoki, T. Fujii, and T. Michida declare that they have no conflict of interest.



► **Video 1** Endoscopic submucosal dissection for a superficial esophageal lesion, the oral side of which was behind a tracheoesophageal voice prosthesis.

The authors

Yasuhiro Tani¹, Koji Higashino¹, Takashi Kanesaka^{1,2}, Kengo Aoki³, Takashi Fujii³, Tomoki Michida¹, Ryu Ishihara¹

- 1 Department of Gastrointestinal Oncology, Osaka International Cancer Institute, Osaka, Japan
- 2 Department of Gastroenterology and Hepatology, Osaka University Graduate School of Medicine, Suita, Japan
- 3 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
takashikanesaka@gmail.com

References

- [1] Terada T, Saeki N, Toh K et al. Voice rehabilitation with Provox2 voice prosthesis following total laryngectomy for laryngeal and hypopharyngeal carcinoma. *Auris Nasus Larynx* 2007; 34: 65–71
- [2] Apert V, Carsuzaa F, Tonnerre D et al. Speech restoration with tracheoesophageal prosthesis after total laryngectomy: an observational study of vocal results, complications and quality of life. *Eur Ann Otorhinolaryngol Head Neck Dis* 2022; 139: 73–76

Bibliography

Endoscopy 2024; 56: E156–E157

DOI 10.1055/a-2254-7503

ISSN 0013-726X

© 2024. The Author(s).

This is an open access article published by Thieme under the terms of the Creative Commons Attribution License, permitting unrestricted use, distribution, and reproduction so long as the original work is properly cited.
(<https://creativecommons.org/licenses/by/4.0/>)

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



ENDOSCOPY E-VIDEOS

<https://eref.thieme.de/e-videos>



E-Videos is an open access online section of the journal *Endoscopy*, reporting on interesting cases

and new techniques in gastroenterological endoscopy. All papers include a high-quality video and are published with a Creative Commons CC-BY license. *Endoscopy E-Videos* qualify for HINARI discounts and waivers and eligibility is automatically checked during the submission process.

We grant 100% waivers to articles whose corresponding authors are based in Group A countries and 50% waivers to those who are based in Group B countries as classified by Research4Life (see: <https://www.research4life.org/access/eligibility/>).

This section has its own submission website at

<https://mc.manuscriptcentral.com/e-videos>