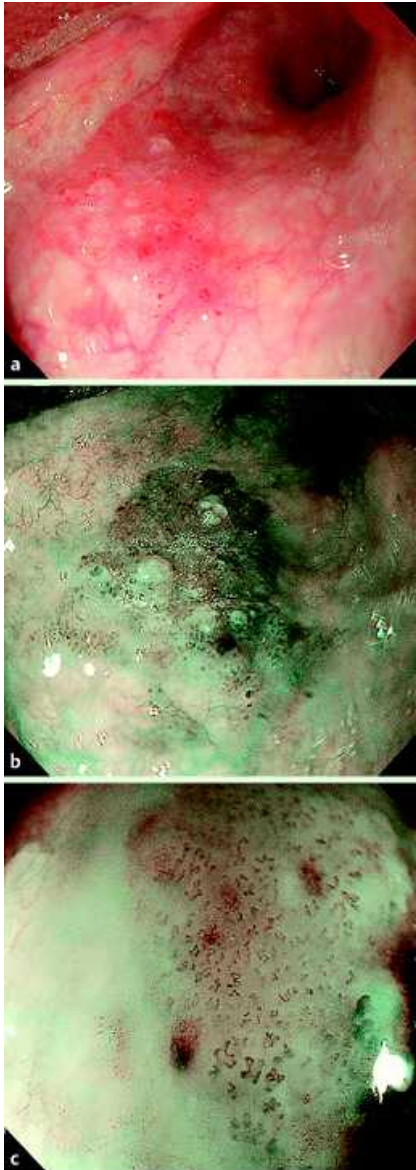
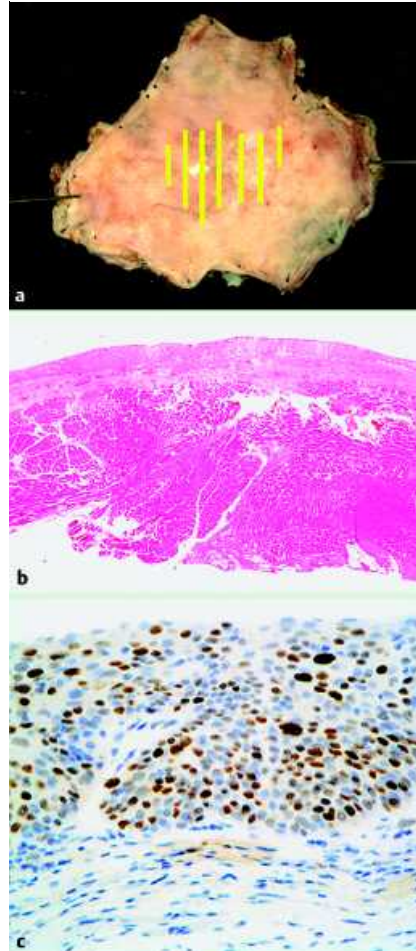


## Successful treatment for hypopharyngeal cancer in a patient with superficial esophageal cancer by endoscopic submucosal dissection



**Fig. 1** Upper endoscopic findings for the hypopharynx. **a** A slightly elevated lesion with fine granular changes and absence of continuity with blood vessels, approximately 1.6 cm in diameter, was detected synchronously in the posterior wall of the hypopharynx. **b** With the narrow band imaging (NBI) system, this lesion displayed a clearly demarcated brownish area. **c** Using the NBI system with a magnifying endoscope, the intrapapillary capillary loop took on irregular shapes including dilation, tortuosity, caliber change, and meandering. These observations suggested that the lesion would have malignant potential.



**Fig. 2** Macroscopic and pathologic findings.

**a** The resected specimen measured 3.5 × 3.0 cm and macroscopically, resected margins were almost optimal circumferentially (× 1). The extent of cancer spread was schematically drawn using yellow color lines, and measured 1.7 × 1.3 cm. **b** Histologic findings revealed noninvasive, moderately differentiated squamous cell carcinoma limited to the lamina propria mucosae without vessel or lymphatic infiltration. In addition, both horizontal and vertical margins were sufficient (× 20). **c** Immunohistochemistry revealed p53-positive cells were randomly widespread in the outer basal cell layer (× 200).

A 68-year-old man with a history of laryngectomy for laryngeal cancer 3 years earlier was diagnosed with superficial esophageal squamous cell carcinoma (ESCC). In addition, a slightly elevated lesion (1.6 cm) was detected synchronously

in the posterior wall of the hypopharynx (● **Fig. 1 a**). Using a narrow-band imaging (NBI) system with magnifying endoscopy (GIF TYPE H260Z; Olympus), this lesion displayed a clearly demarcated brownish area (● **Fig. 1 b**) and the intrapapillary capillary loop (IPCL), which was advocated by Inoue et al. [1], took on irregular shapes (● **Fig. 1 c**). For treatment of the hypopharyngeal lesion, endoscopic submucosal dissection (ESD) was performed under general anesthesia followed by subtotal esophagectomy. A mucosal incision was made with the flex knife and the subepithelial tissue was cut with a hook knife. Macroscopic examination of the resected specimen (3.5 × 3.0 cm) revealed cancer spread over an area of 1.7 × 1.3 cm (● **Fig. 2 a**). Histologically, noninvasive squamous cell carcinoma was limited to the epithelial layers without either vessels or lymphatic infiltration, and both horizontal and vertical margins were sufficient (● **Fig. 2 b**). Immunohistochemistry revealed that p53-positive cells were widespread in the outer basal cell layer (● **Fig. 2 c**). This observation led to a diagnosis of squamous cell carcinoma of the hypopharynx, not a dysplastic lesion or regenerative changes. One of the hallmarks of ESCC is synchronous or metachronous tumors arising in the head and neck [2]. An NBI system with magnifying endoscopy is useful for acquiring valuable information about small lesions of the hypopharynx [3], and ESD is a more favorable method than endoscopic mucosal resection for early-stage hypopharyngeal cancer located in anatomically complex areas [4]. In conclusion, an NBI system with magnifying endoscopy has increased the chance of early detection of hypopharyngeal cancer, and ESD would be the optimal method of treatment at least for early-stage hypopharyngeal cancer.

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Y. Fujita<sup>1</sup>, M. Hiramatsu<sup>1</sup>, M. Kawai<sup>1</sup>, K. Tashiro<sup>1</sup>, E. Umegaki<sup>2</sup>, S. Tokioka<sup>2</sup>, Y. Egashira<sup>3</sup>, K. Higuchi<sup>2</sup>, N. Tanigawa<sup>1</sup>

<sup>1</sup> Department of General and Gastroenterological Surgery, Osaka Medical College, Osaka, Japan

<sup>2</sup> Second Department of Internal Medicine, Osaka Medical College, Osaka, Japan

<sup>3</sup> First Department of Pathology, Osaka Medical College, Osaka, Japan

## References

- 1 Kumagai Y, Inoue H, Nagai K *et al.* Magnifying endoscopy, stereoscopic microscopy, and the microvascular architecture of superficial esophageal carcinoma. *Endoscopy* 2002; 34: 369–375
- 2 Motoyama S, Saito R, Kitamura M, Ogawa J. Outcomes of active operation during intensive followup for second primary malignancy after esophagectomy for thoracic squamous cell esophageal carcinoma. *J Am Coll Surg* 2003; 197: 914–920
- 3 Muto M, Nakane M, Katada C *et al.* Squamous cell carcinoma in situ at oropharyngeal and hypopharyngeal mucosal sites. *Cancer* 2004; 101: 1375–1381
- 4 Shimizu Y, Yamamoto J, Kato M *et al.* Endoscopic submucosal dissection for treatment of early stage hypopharyngeal carcinoma. *Gastrointest Endosc* 2006; 64: 255–259; discussion 260–252

## Bibliography

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## Corresponding author

**N. Tanigawa, MD**

Department of General and Gastroenterological Surgery

Osaka Medical College

2-7 Daigaku-machi

Takatsuki-city

Osaka 569-8686

Japan

Fax: +81-72-685-2057

sur001@poh.osaka-med.ac.jp