



Early Pharyngeal Cancer Treated by ESD

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Clinical Image

In recent years, improvement of image quality of endoscopes, especially progress of image enhanced endoscopy (IEE) has made it possible to point out neoplastic lesions in pharyngeal laryngeal region even in the early stage by endoscopists. In addition, classification of differential diagnosis and depth of reach diagnosis of neoplastic lesions has been established by the evaluation of intra-papillary capillary loop by the magnified endoscope with IEE, and these lesions can be accurately evaluated.

Furthermore, due to advances in endoscopic treatment typified by endoscopic submucosal dissection (ESD), lesions that can be cured with endoscopic treatment alone have come into this area. Endoscopic treatment was not only minimally invasive for patients, it also great merit of function preservation. It is no exaggeration to say that progress in endoscopic technology has changed the concept of diagnosis and treatment of neoplastic lesions in the field of otolaryngology. Figure shows our case to whom ESD was successfully performed.

Figure Legend

- a: a slightly reddish mucosa with standard pharyngeal endoscopy
- b: image-enhanced endoscopic (IEE) view as a brownish area consisting of abnormal intra-papillary capillary loops and was confirmed iodine-unstained lesion (c).
- d: The lesion was marked and endoscopic submucosal dissection was successfully accomplished en bloc (e).
- e: Follow-up IEE showed that here has been no recurrence with only scar preserving swallow function.

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a	b	c
d	e	f

Figure: (Case 1, diagnosis): Case of 0-IIb type early cancer (EP) present in right hypo-pharyngeal region, but white light imaging was difficult to detect (a). NBI could detect the lesion as the "brownish area" (b). Magnified endoscopic imaging showed enlarged IPCL (c-e). The patient's esophagus showed "multiple Lugol-void lesion" (f).

(Case 1, treatment): Observation of lesions under intubated general anesthesia, white light (a), NBI (b), Lugol staining (c). Marking around the lesion with Dual knife (d). The lesion was resected en-bloc by ESD (e). After six months, the ulcer was completely closed and there was no recurrence (f).

Case 2: Case of 0-IIb+IIa type early cancer (EP) present in left hypo-pharyngeal region, white light (a), NBI (b). Submucosal dissection was performed with traction by the otologist (c). After ESD, hypopharynx was swelling (d), and the muscular layer was exposed to the ulcer bed (e). The lesion was resected en-bloc by ESD (f).