

Endoscopic resection of superficial esophageal cancer covered with esophageal varices

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Esophageal cancer surgery in patients with liver cirrhosis has high rates of morbidity and mortality. In addition, the underlying varices, which are common in patients with cirrhosis, make it difficult to perform endoscopic procedures. We report a successful endoscopic resection of superficial esophageal cancer covered with esophageal varices. A 69-year-old man with alcoholic liver cirrhosis underwent upper gastrointestinal endoscopic screening. A 1.5cm-sized irregular, elevated lesion, focally covered with varices in the upper esophagus was observed (Figure 1). The lesion was identified as squamous cell carcinoma using a biopsy. A computed tomography scan showed no metastasis. Endoscopic ultrasound (UM-2R, 12 MHz; Olympus, Tokyo, Japan) revealed a homogenous hypoechoic lesion in the second layer of the esophagus, with a round anechoic area suggesting varix. Endoscopic variceal ligation was performed to decrease the risk of bleeding during resection. After marking and submucosal injection using an endoscope (GIF-Q260, Olympus) under general anesthesia, mucosal entry was performed using an I-type knife (FM-EK 0003-2, Finemedix). Submucosal dissection within the tunnel was performed using an IT nano knife (KD-612U, Olympus). Coagrasper (FD-410LR, Olympus) hemostatic forceps was used to remove the perforating vein. After dissection for the tumor area, the peripheral margin of the lesion was excised with an I-type knife. En bloc resection of the lesion was performed and no significant bleeding occurred during the procedure. Histopathological examination revealed a moderately differentiated squamous cell carcinoma infiltrating the submucosa with lymphatic invasion. The patient refused further surgery because of the high operative risk. No tumor recurrence was observed within 14 months. Endoscopic submucosal tunnel dissection (ESTD) has been demonstrated to be favorable and effective for treating esophageal subepithelial tumors. In this case, we successfully performed ESTD in patients with esophageal cancer with a high risk of bleeding. Further studies are required to determine the long-term outcomes of this technique.

