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Endoscopic submucosal dissection thread technique using conventional suture needle for difficult upper esophageal lesion

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Description

We report a clinical case of a 68 years old patient planning for endoscopic mucosal dissection of stenotic lesion with thread pull with needle technique. Patient was known for an undifferentiated upper 1/3 carcinoma treated with exclusive targeted radiotherapy curative (50.4 Gy) with radiosensitizing chemotherapy with paclitaxel and carboplatin four cycles. Biopsy of the stenosis shows the presence of squamous cell carcinoma proven by biopsies at 20 cm. The examination was carried out under general anesthesia with intubation, in the supine position. We find the area suspicious for squamous cell cancer, located astride a stenosis cervical located 20 to 22 cm from the AD, immediately under Killian's dehiscence. The zoom and NBI appearance was highly suspicious of squamous cell carcinoma infiltrating the mucosa, or even the submucosa. In accordance with the decision of the tumor board, it was proceeded to resection of this area by submucosal dissection. Firstly, glycerol-indigo solution was injected in the distal part located under the lesion, and a posterior furrow was carried out. In a second step, a furrow above the lesion was made, then a tunnel. The lesion was then pulled using the two elastic clips method then with a suture's needle at the upper part of the lesion applied by a standard biopsy forceps. The resection was macroscopically complete with the exception of small patches of 2 mm each, in contact with a strip of normal esophagus in order to limit the risk of stenosis. Due to the very proximal and challenging location of the lesion, current common thread technique for ESD was not sufficient and we report the possible use of suture needle technique (Figure 1).

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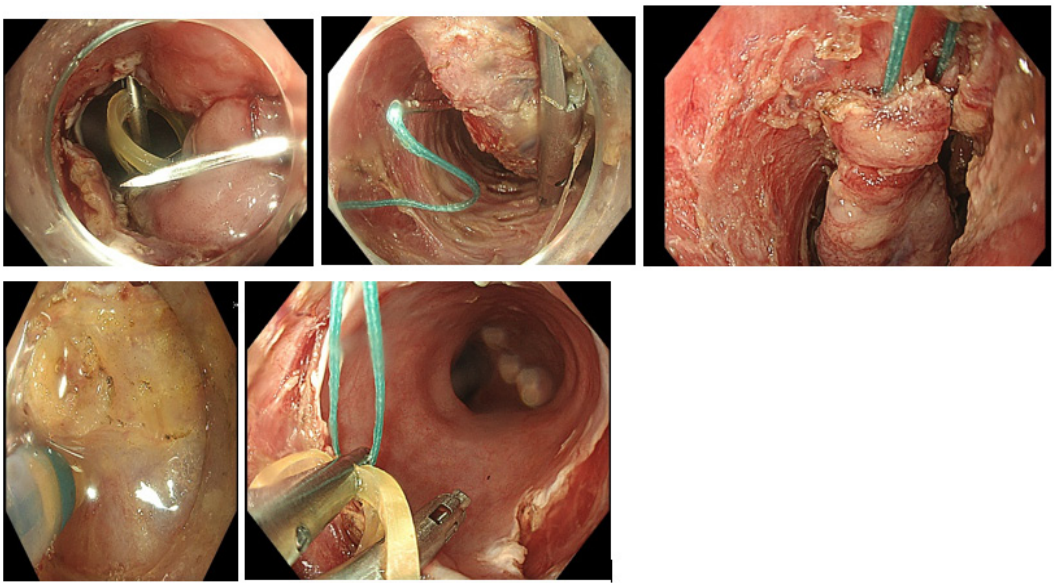

Figure 1: Clinical image.