

Transgastrostomy retrograde endoscopic submucosal dissection of esophageal squamous cell carcinoma



Patients undergoing treatment for laryngeal cancer are often treated with total laryngectomy, with about 11% of patients developing a postoperative stricture [1]. Patients with head and neck tumors also develop esophageal squamous cell carcinoma (ESCC) in 5%–10% of cases [2]. Endoscopic submucosal dissection (ESD) is indicated for the treatment of early ESCC; however, transoral ESD is not possible in patients with recalcitrant pharyngoesophageal stricture [3]. In this case report, we demonstrate an alternative strategy for this situation.

A 60-year-old man with laryngeal squamous cell carcinoma (T4aN3bM0) underwent total laryngectomy with radical neck dissection and neopharyngeal reconstruction with a microsurgical flap, followed by adjuvant radiotherapy. He developed a long stricture (8 cm) of the myocutaneous flap and a percutaneous endoscopic gastrostomy was performed. He underwent multiple endoscopic dilation sessions (using Savary–Gilliard and balloon dilators).

During these procedures, a pale flat lesion (Paris 0-IIb) with high grade dysplasia, measuring 15 mm, was diagnosed at 29 cm from the incisors. Even after multiple dilation sessions, only a slim scope (4.9 mm) could traverse the stenosis. Therefore, a retrograde ESD was performed, introducing the endoscope through the gastrostomy orifice (▶ **Video 1**). The orifice was balloon dilated to 12 mm. With the patient under general anesthesia, the procedure was performed using a 2.0-mm DualKnife (Olympus Inc.) with submucosal injection of a 6% hydroxyethyl starch (HES) solution with indigo carmine.

The procedure duration was 60 minutes and no adverse events occurred. Histology of the resected specimen revealed high grade dysplasia, an absence of invasive neoplasm, and tumor-free margins. The patient had an uneventful recovery.



▶ **Video 1** Transgastrostomy retrograde endoscopic submucosal dissection of esophageal squamous cell carcinoma.

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Competing interests

The authors declare that they have no conflict of interest.

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