

## Endoscopic submucosal dissection of esophageal squamous cell carcinoma with superficial capillary changes and epithelialization after chemotherapy for pancreatic adenocarcinoma

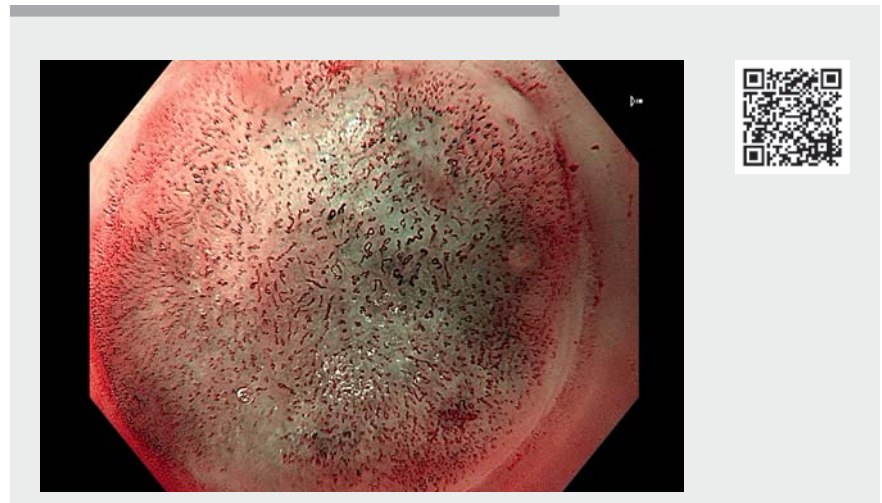


We present the case of a 79-year-old patient who was referred to us for endoscopic ultrasound evaluation of a cephalic pancreatic mass. He had a personal history of total laryngectomy for a T4 malignant tumor of the piriform sinus, with postoperative radiotherapy that ended 3 years previously. A phonatory cannula was in place from that moment on.

Initial endoscopic ultrasound identified a locally advanced pancreatic tumor invading the common hepatic artery, spleno-mesenteric confluence, and duodenum. During the same endoscopic examination, upon esophageal examination with narrow-band imaging, we identified a well-delineated superficial squamous cell lesion that had irregular and dilated intrapapillary capillary loops (IPCL) type V (► **Video 1**). Biopsies confirmed in situ squamous carcinoma.

The patient immediately started systemic chemotherapy with one cycle of FOLFOX (folinic acid, fluorouracil, and oxaliplatin) followed by six cycles of FOLFIRINOX (folinic acid, fluorouracil, irinotecan, oxaliplatin).

We present here white-light and magnification narrow-band imaging aspects of a superficial esophageal carcinoma with type V dilated and irregular IPCLs [1–3], before and after chemotherapy for pancreatic adenocarcinoma. The esophageal lesion had suffered superficial alterations, with squamous epithelialization and a reduction in size, probably in response to the pancreatic systemic therapy, and showed de novo type II and III IPCLs, making it even more difficult to identify under endoscopic examination. Despite systemic chemotherapy, the patient started presenting symptoms of digestive stenosis, which was related to duodenal invasion with consequent ob-



► **Video 1** White-light and narrow-band imaging of a superficial esophageal squamous cell carcinoma, before and after systemic chemotherapy for pancreatic adenocarcinoma.

struction. We proposed and performed an endoscopic gastroentero anastomosis using a fully covered metallic stent (HOT Axios; Boston Scientific, Marlborough, Massachusetts, USA), as well as endoscopic submucosal dissection of the esophageal lesion (► **Video 1**) during the same general anesthesia procedure.

Histology showed complete endoscopic resection of a superficial, in situ squamous cell carcinoma, with negative lateral and vertical margins. He was discharged from our unit and started eating at Day 1 postintervention. Endoscopic re-evaluation 4 months later showed no residual lesion and no stenosis.

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### Competing interests

The authors declare that they have no conflict of interest.

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