

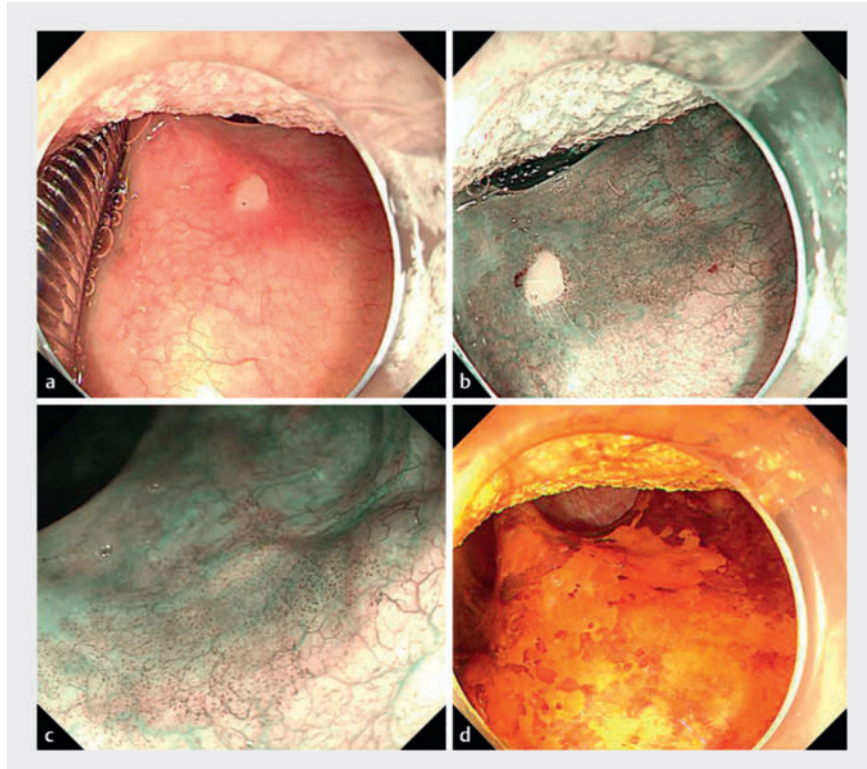
## Endoscopic submucosal dissection for a soft-palate lesion with use of a small-bore tracheal tube combined with floss traction



**▶ Video 1** An area of intraepithelial neoplasia of the soft palate is marked by Lugol's iodine staining, and endoscopic submucosal dissection of the lesion is performed with use of a small-bore tracheal tube combined with floss traction.

Endoscopic submucosal dissection (ESD) of the middle pharynx is rarely reported, with just one case previously reported by Chen et al. [1]. Several articles have reported that transoral forceps [2] and transnasal endoscopy [3] are convenient for pharyngeal ESD; however, the former method requires two endoscopes, and the ultrathin endoscope has a poor field of view, and small working-channel and scope diameters, which are not conducive to operation.

Here, we present a successful case of ESD performed on the soft palate (▶ **Video 1**). A 56-year-old man, with a history chemoradiotherapy for multiple synchronous advanced esophageal and hypopharyngeal squamous cell carcinomas, was found to have a lesion extending from the right soft palate to the oral side of the uvula and underwent follow-up endoscopy. The patient was a long-time heavy smoker and drinker. The lesion was a 2.5×2.0-cm superficial flat lesion (0-IIb). It appeared bloodshot and rough, with a clear boundary and turned



**▶ Fig. 1** Endoscopic images of the lesion showing: **a** on white-light endoscopy, a 2.5×2.0-cm superficial flat lesion (0-IIb) that appeared bloodshot and rough, with a clear boundary; **b** the appearance on narrow-band imaging (NBI); **c** on magnified NBI, a type B1 intrapapillary capillary loop pattern; **d** on 0.75% Lugol chromoendoscopy, the clearly visible edge of the lesion.

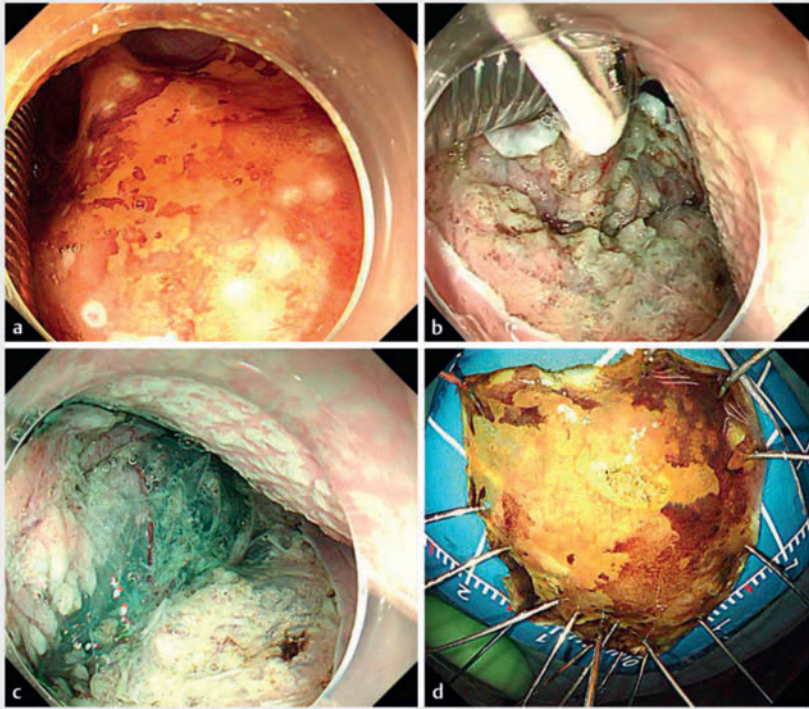
brown on narrow-band imaging mode (▶ **Fig. 1**). Histopathologic examination identified the lesion as being high grade intraepithelial neoplasia (HGIN).

An endotracheal tube with a 6.0-mm diameter was selected. The lesion was marked circumferentially after it had been stained with 0.75% Lugol's iodine, and a circumferential mucosal incision was made. A Sureclip (Micro-Tech Co., Ltd., Nanjing) with attached floss was placed to provide floss traction during ongoing dissection. The lesion was resected en bloc within 40 minutes, without any adverse events occurring (▶ **Fig. 2**). The uvula was protected to preserve its function. The patient's postoperative pain was relieved by the use of

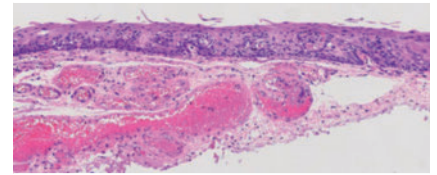
lidocaine for 2 weeks. HGIN was confirmed pathologically in the excised specimen (▶ **Fig. 3**).

The middle pharynx is short and narrow, and surrounded by bony structures. The use of a small-bore tracheal tube combined with floss traction when performing ESD in this area is simple and convenient; it helped us to accurately identify the boundary of the lesion and improved the efficiency of dissection, in order to achieve en bloc resection. This technique has the potential to be a safe and effective treatment option for such cancers.

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► **Fig. 2** Images of the endoscopic submucosal dissection procedure with use of a small-bore tracheal tube combined with floss traction showing: **a** circumferential marking of the lesion; **b** circumferential incision of the lesion, with the help of a small-bore endotracheal tube and dental floss traction to continue submucosal dissection; **c** dissection of the subepithelial layer; **d** the macroscopic appearance of the specimen containing the lesion, which was resected en bloc with the assistance of floss traction.



► **Fig. 3** Histopathologic appearance of the specimen showing high grade squamous intraepithelial neoplasia (hematoxylin and eosin [H&E] stained; magnification  $\times 200$ ).

## Bibliography

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This section has its own submission website at <https://mc.manuscriptcentral.com/e-videos>

## Conflict of Interest

The authors declare that they have no conflict of interest.

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