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Endoscopic submucosal dissection for resection of giant adenoid cystic carcinoma of the esophagus

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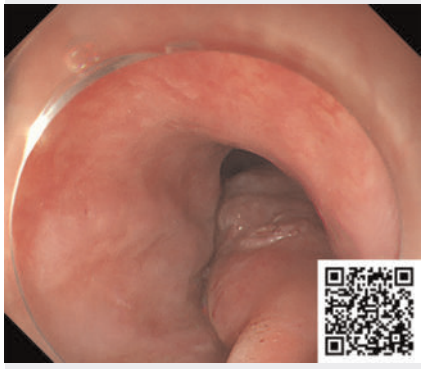
A 53-year-old man presented with progressive dysphagia and retrosternal pain. A gastroscope revealed a giant pronounced protrusion lesion with a thick pedicle in the lower esophagus measuring approximately 60×25 mm. Further refinement via computed tomography (CT) indicated an occupying lesion in the distal esophagus with no evidence of metastatic disease present; this led to the suggestion of performing an endoscopic resection

The surgery was performed under general anesthesia with endotracheal intubation (▶ **Video 1**) involving submucosal injection of saline with diluted methylene blue, and the use of a DualKnife for the endoscopic mucosal dissection. Hemostatic forceps were employed intraoperatively to control bleeding. Postoperative treatment with sucralfate suspension was given for 4 weeks to promote mucosal recovery. Histology revealed a solid-type adenoid cystic carcinoma with ulceration affecting the submucosa with clean margins obtained from the resection.

At a 3-month follow-up, the patient's sensation of a foreign body during ingestion had resolved completely. Gastroscopy indicated white uniform scarring in the esophagus without luminal narrowing or residual tumor, and a repeat CT scan showed no signs of disease recurrence or metastasis.

Adenoid cystic carcinoma is common in salivary glands but rare in the esophagus, with the chief symptom being progressive dysphagia [1]. There is no standard treatment method established for esophageal adenoid cystic carcinoma, with radical resection being the preferred therapeutic option [2]. Postoperative radiotherapy is advised if the surgical margins are positive. Herein, we report a rare case of esophageal adenoid cystic carcinoma detected as a giant esophageal tumor through endoscopic examination and managed with endoscopic submucosal dissection leading to a radical resection without metastasis.



Video 1 Successful endoscopic resection of a giant adenoid cystic carcinoma of the esophagus.

Endoscopy_UCTN_Code_CCL_1AB_2AC

Funding Information

The Technology Innovation Team (Tianshan Innovation Team) Project 2022TSYCTD0018

State Key Laboratory of Pathogenesis, Prevention and Treatment of High Incidence Diseases in Central Asia SKL-HIDCA-2021-51

Conflict of Interest

The authors declare that they have no conflict of interest.

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Endoscopy 2024; 56: E611
DOI 10.1055/a-2346-4863
ISSN 0013-726X

Georg Thieme Verlag KG, Rüdigerstraße 14, 70469 Stuttgart, Germany