

Fibrin glue assisted endoscopic submucosal dissection of an early squamous neoplasia of the esophagus in a patient with F2 grade esophageal varices.

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Abstract:

Background and aim: Endoscopic mucosal resection is becoming an established technique for treatment of superficial SCC of the esophagus even on varices. Endoscopic submucosal dissection allows en-bloc resection of lesions greater than 20 millimetres through the whole gastrointestinal tract, and has been applied also to resection of SCC of the esophagus. Material and methods: We report the case of a 50-year-old Caucasian male affected with HCV-related hepatic cirrhosis. An upper endoscopy performed for screening of portal hypertension found a lesion of 30 mm that occupied about half the circumference, together with F2 varices. An ESD approach was decided without previous banding of varices to avoid delay in the resection of the lesion and eventual retraction of the esophagus due to scar of the banding. ESD was performed by using a hook-knife (Olympus KD-620-LR) and a distal attachment (D-201-10704) on the tip of the scope. A mixture of low volume fibrin glue and diluted epinephrine was used for submucosal injection. No major complications were registered during and immediately after the procedure. The patient fasted for 24 hours and then had a liquid diet for other 24 hours which was progressively shifted to a soft diet. Results: No complication was registered in the days following the resection and the patient was discharged 4 days after the procedure. An histological examination of the specimen showed a squamous cell carcinoma of the esophagus, limited to the mucosal layer, without invasion of the submucosa, the specimen margins were free of disease. At the follow-up visits at three and six

months the patient was doing well, and he was eating a normal diet. The endoscopic control showed a normal scar in the site of resection and the varices around the lesions were still F2, without red whale markings. Conclusions: To our knowledge this is the first report of ESD in a SCC of the esophagus with varices. The use of fibrin glue and terlipressin, preventing significant variceal bleeding, has contributed to the successful resection of the early esophageal lesion. This combined approach avoids multiple banding sessions before the mucosal dissection, without delay between diagnosis and treatment and mucosal retraction of the esophagus due to scar of the banding.