IMAGE OF THE ISSUE

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A Case of Verrucous Esophageal Carcinoma with Submucosal Invasion Resected by Endoscopic Submucosal Dissection after Long-term Observation

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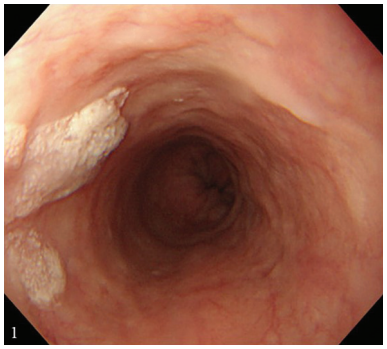

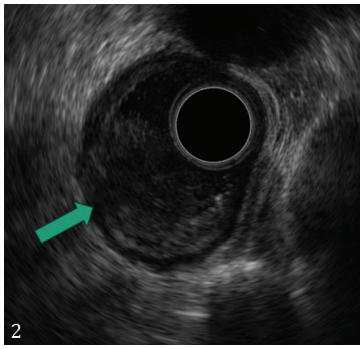

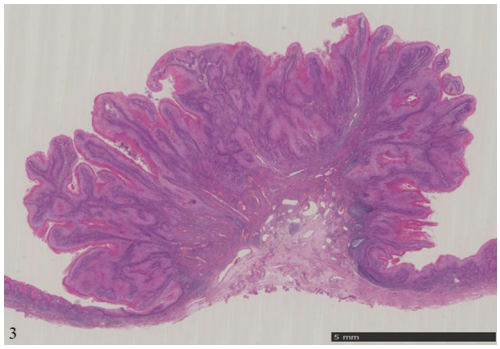

A 76-year-old man was referred to our hospital for further evaluation of an esophageal tumor. The patient had a 55-year history of smoking 20 cigarettes and consuming 20 g of alcohol daily. A 15 mm white, flat elevated lesion was observed in the lower thoracic esophagus (Fig. 1). A biopsy revealed no evidence of malignancy. Subsequent follow-ups with gastroscopy and biopsy were performed every six months. Four years after the initial observation, the tumor had rapidly enlarged, and a biopsy confirmed squamous cell carcinoma. Endoscopic ultrasound revealed that most lesions were confined to the mucosal layer, with some areas suspected to have submucosal invasion (Fig 2). Endoscopic submucosal dissection (ESD) was performed, and pathological examination revealed a verrucous carcinoma measuring 42×47 mm. The tumor was classified as pT1b-SM1, ly0, v0, pHM0 (+dysplasia), and pVM0 (Fig. 3). We decided on a careful observation strategy. The patient was monitored for five years post-endoscopic treatment without any recurrence.

Verrucous esophageal carcinoma (VEC) was first reported in 1967 [1], and has been rarely reported since then. Many VEC cases are diagnosed at an advanced stage, and present as large circumferential lesions that often require surgical resection and combined chemoradiotherapy [2]. Successful treatment with endoscopic therapy alone is rare, and cases where ESD has been performed are very few [2-5]. Additionally, this is the first report of VEC with submucosal invasion resected by ESD. A systematic review indicated that VEC had a lower rate of lymph node metastasis than typical esophageal cancers [6]. There have been no reports on lymph node metastasis in patients with pTis to pT2.

In conclusion, if there are no technical difficulties in resection, it might be beneficial to prioritize ESD treatment for VEC lesions suspected of submucosal invasion, as this approach could potentially reduce the patient's physical burden.

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Conflicts of interest: None to declare.

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