A SUPERFICIAL ESOPHAGEAL CANCER WITH A DIVERTICULUM BY ENDOSCOPIC SUBMUCOSAL DISSECTION

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A 65-year-old man with superficial esophageal squamous cell carcinoma underwent successful endoscopic submucosal dissection despite an unexpected esophageal diverticulum discovered intraoperatively.

KEY POINTS

- Preoperative esophagogastroduodenoscopy with narrow band imaging and intrapapillary capillary loop assessment indicated a mucosal carcinoma in the right upper thoracic esophagus without deep submucosal invasion.
- During endoscopic submucosal dissection, a previously undetected shallow pulsion diverticulum was identified beneath the lesion, presenting a perforation risk due to the thin diverticular wall.
- The procedure was completed without perforation by cautious dissection separating submucosa from adventitia, followed by prophylactic placement of a covered esophageal stent.
- Histopathology confirmed well-differentiated squamous cell carcinoma limited to the mucosa without lymphovascular invasion, indicating low recurrence risk and no need for additional treatment.
- The patient was discharged five days post-procedure with only mild mediastinal emphysema on CT; the stent was removed at one month without complications.

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