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Summary

Spotting the subtle: Diagnosis and classification of early squamous cell carcinoma

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Surgery | Oesophagus | Endoscopy | Digestive Oncology

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Early squamous cell dysplasia and cancer in the esophagus can be diagnosed and classified using narrow-band imaging to assess intra-papillary capillary loop patterns, which the speaker demonstrated are effective in Western populations when endoscopists are trained in the Japanese classification system.

KEY POINTS

- The speaker reported that in European screening studies, squamous dysplasia or cancer prevalence was only 0.2% in average-risk populations aged 50-74, but rose to 5-6% in high-risk groups with prior head and neck tumors, alcoholic cirrhosis, or heavy alcohol and tobacco use.
- The Japanese classification system categorizes intra-papillary capillary loops as Type A (normal looped vessels) or Type B (abnormal), with B1 indicating early dysplasia with preserved loop structure, B2 showing loss of shape with avascular areas in invasive disease, and B3 demonstrating thick tortuous vessels with neovascularization in advanced lesions.
- A Western validation study showed good overall accuracy for the classification among trained Japanese and Western endoscopists, but accuracy and inter-observer agreement dropped substantially among residents in training, indicating the system requires experience.
- The speaker stated that Lugol's iodine staining has similar sensitivity to narrow-band imaging but much lower specificity, requires longer examination time, and is now mostly redundant when narrow-band imaging is available.
- The speaker recommended using narrow-band imaging as standard practice during scope withdrawal, taking time to examine carefully, cleaning with bubbles to visualize subtle lesions, and proceeding directly to endoscopic submucosal dissection for early lesions without additional staging.

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