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Summary

ENDOSCOPIC SUBMUCOSAL DISSECTION FOR SUPERFICIAL PHARYNGEAL CANCER FROM THE ULTRATHIN ENDOSCOPE PERSPECTIVE

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Oesophagus

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A retrospective study of 97 lesions found that ultra-thin endoscopes for endoscopic submucosal dissection of superficial pharyngeal cancer required significantly less local injection volume than conventional endoscopes, with comparable safety and resection rates.

KEY POINTS

- Ultra-thin endoscopes (UTE) required significantly less local injection volume than conventional endoscopes (4.2 ml versus 7.1 ml, p=0.002) for endoscopic submucosal dissection of superficial pharyngeal cancer.
- Both UTE and conventional endoscopes achieved 100% en bloc resection rates with zero treatment-related complications across 97 lesions.
- Dissection time tended to be longer with UTE (41.6 minutes) compared to conventional endoscopes (32.3 minutes, p=0.099).
- Traction was used in 28 of 30 cases with UTE but was required in all 67 cases with conventional endoscopes.
- From the surgeon's perspective, UTE provided easier access to the subepithelial layer with less device interference and reduced procedural stress.

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