A NERVE-PRESERVING STRATEGY AND TECHNIQUE OF ENDOSCOPIC SUBMUCOSAL DISSECTION FOR SUPERFIICIAL PHARYNGEAL CANCERS

Ryosuke Ikeda

UEG Week Copenhagen 2023 | Poster

Oesophagus

October 16, 2023

A retrospective study of 65 superficial pharyngeal cancers treated with endoscopic submucosal dissection between 2015 and 2023 examined methods for preserving the superior laryngeal nerve to reduce postoperative complications.

KEY POINTS

- The superior laryngeal nerve was recognized during ESD in 32 lesions, with nerve damage occurring in 7 lesions (22%), including two complicated cases with severe subcutaneous emphysema and prolonged dysphagia.
- Univariate analysis showed no significant differences in mean age, sex ratio, median tumor size, mean resection time, en bloc resection rate, or R0 resection rate between nerve-damaged and nerve-preserved groups.
- The authors developed a nerve-preservation strategy involving circumferential incision with a dual knife from the aryepiglottic fold edge, shallow incision at the piriform sinus tip, and submucosal dissection using the exposed nerve as a landmark.
- Damage to the internal laryngeal nerve, a branch of the superior laryngeal nerve supplying sensory fibers to the laryngeal mucosa, may result in postoperative dysphagia and hoarseness due to laryngeal hyposensitivity.
- The material is most relevant to endoscopists performing ESD for pharyngeal lesions who require anatomical knowledge to minimize complications.

VIEW THIS CONTENT ON GUTFLIX

https://gutflix.eu/search/d/a6c0518e-743b-11ee-9995-0242ac140004

AI-generated summary

This summary was generated by an AI large language model based on the content transcript. It is for informational purposes only and should not be considered a substitute for clinical judgment. Always rely on your professional expertise and the full clinical context when making clinical decisions.