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Summary

Video case: Squamous cell carcinoma on the edge - and Barrett's returns

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Oesophagus | Endoscopy | Digestive Oncology

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Advanced endoscopic submucosal dissection can achieve en bloc resection and local control in complex post-chemoradiotherapy and recurrent Barrett's neoplasia cases, providing diagnostic certainty and organ preservation in carefully selected patients.

KEY POINTS

- In a 75-year-old with suspected residual squamous cell carcinoma after chemoradiotherapy (initial T2N2 disease), the speaker reported that ESD achieved en bloc resection and revealed viable carcinoma with high-risk features including deep submucosal invasion and lymphovascular invasion where biopsies had shown only high-grade dysplasia.
- In a 79-year-old with recurrent adenocarcinoma in previously treated Barrett's oesophagus, the speaker reported that ESD removed three lesions en bloc with favorable histology (M3 adenocarcinoma without lymphovascular invasion) despite 75% circumferential resection and pre-existing stricture.
- Underwater ESD technique was used in both cases to facilitate dissection in fibrotic tissue, and adjunctive measures included clip-line traction, prophylactic budesonide, and stricturotomy to manage complications.
- The speaker taught that endoscopic resection expands treatment options for complex lesions in previously treated patients, providing histological assessment to guide further management as part of a step-up approach.
- In the first case, PET-CT showed focal uptake at the ESD site considered postinterventional with no distant metastasis, and three-month endoscopic follow-up was recommended despite the high-risk pathology.

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