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Summary

CLINICOPATHOLOGICAL CHARACTERISTICS OF OTHER NEW NEOPLASTIC LESIONS MISSED BY IMAGE ENHANCED ENDOSCOPY AT SURVEILLANCE FOR PATIENTS WITH ESOPHAGEAL SQUAMOUS CELL CARCINOMA

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In surveillance after esophageal endoscopic resection, Lugol chromoendoscopy detected 18.9% of lesions missed by image-enhanced endoscopy, but none were advanced cancers requiring more than endoscopic treatment.

KEY POINTS

- Among 122 esophageal squamous cell carcinoma lesions detected during surveillance after endoscopic resection, 23 lesions (18.9%) were detected only by Lugol chromoendoscopy and missed by narrow-band imaging or blue laser imaging.
- Lesions missed by image-enhanced endoscopy tended to be smaller (median 10 mm versus 15 mm) and more frequently located on the anterior or left esophageal wall.
- None of the 23 Lugol-only detected lesions were target cancers; all were curatively resected with endoscopic resection and showed pathology of pT1a-EP/LPM without lymphovascular invasion.
- Among all lesions, only 5.7% were target cancers (pT1a-MM or deeper and/or positive lymphovascular invasion), all of which were detected by image-enhanced endoscopy.
- Findings may inform decisions about surveillance protocols for patients after endoscopic resection of esophageal squamous cell carcinoma, particularly regarding the necessity of Lugol staining.

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