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Summary

ESD OF A FLAT LESION IN THE LEFT PYRIFORM SINUS MIMICKING EARLY NEOPLASIA: A DIAGNOSTIC CHALLENGE

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Digestive Oncology | Endoscopy | Oesophagus

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Endoscopic submucosal dissection successfully resected a 10×10 mm pyriform sinus lesion with IPCL type IV pattern initially suspicious for dysplasia, which proved to be mucosa-associated lymphoid tissue (MALT) on histopathology.

KEY POINTS

- A 28-year-old non-smoking female with a flat elevated Paris 0-IIa lesion in the left pyriform sinus showing IPCL pattern type IV on narrow-band imaging raised suspicion for low-grade or high-grade neoplasia.
- En bloc endoscopic submucosal dissection was completed in 12 minutes under general anesthesia without adverse events.
- Histopathology revealed stratified non-keratinizing squamous epithelium overlying MALT with lymphoid follicular hyperplasia; epithelium was non-dysplastic with no evidence of high-grade squamous intraepithelial lesion on immunohistochemistry (non-block-type p16, Ki-67 limited to basal layer).
- The patient experienced mild local discomfort for two weeks controlled with ibuprofen, and follow-up endoscopy at one month confirmed complete healing with no recurrence.
- The case demonstrates that optical assessment has diagnostic limitations in small hypopharyngeal lesions and that ESD is a safe and effective option for excisional biopsy in this anatomically challenging location.

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