Although most large submucosal tumors in the esophagus such as leiomyomas are benign, obstructive symptoms may develop owing to their size [1]. Endoscopic resection of large tumors in the esophagus remains difficult [2], and exophytic tumors in the mid-esophagus are the worst. The main problem is the presence of important adjacent organs such as bronchus, aorta, and spine. We report a novel concept for facilitating endoscopic resection: 3D-printed model in the guidance of tumor resection (3DM-GTR). The 3D-printed model, based on enhanced computed tomography, could clearly display the tumor anatomy and details of adjacent structures, playing a role in planning and implementing endoscopic resection.

A 47-year-old man with intermittent dysphagia for 2 months was diagnosed with a large submucosal tumor in the mid-esophagus (▶ Fig. 1). Enhanced computed tomography showed that the lesion was close to the bronchus, aorta, and spine (▶ Fig. 2). The 3D-printed model directly demonstrated the tumor and its adjacent organs (▶ Fig. 3). Under the guidance of the model (▶ Video 1), we successfully resected the tumor (▶ Fig. 4), without obvious intraoperative bleeding or other injuries to adjacent organs (▶ Fig. 5). The mucosal entry was closed using endoclips. The pathology confirmed the diagnosis of leiomyoma.

Fasting and prophylactic antibiotics were prescribed for 2 days. Proton pump inhibitors and nutritional support were given. The mild cervical subcutaneous emphysema detected during the procedure resolved spontaneously. The patient began drinking after 3 days and was discharged on postoperative Day 5. At 3-month follow-up, the patient had not experienced discomfort and upper endoscopy confirmed healing of the mucosa.

3DM-GTR seems a good and promising method, especially for large tumors in complex locations. The simulation model can remind the endoscopist in real time about what to expect in the next step; thus, it could reduce unexpected injuries to important adjacent organs.
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Competing interests
The authors declare that they have no conflict of interest.

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References

Bibliography
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Fig. 4 The resected tumor.

Fig. 5 The exposed aorta after tumor resection (arrows).