A 51-year-old man complained of dysphagia for 2 months. A reddish and rough lesion was found 25 cm from the incisor under esophagogastroduodenoscopy (EGD) (Fig. 1a). Pathological assessment of the biopsy indicated neuroendocrine carcinoma (Fig. 1b). The patient was an alcohol addict. Pre-operative examination revealed pancytopenia and portal hypertension with collateral development (Fig. 1c). Positron emission tomography/computed tomography (PET/CT) excluded distal metastasis. Considering the high risk of bleeding and leakage for esophagectomy, endoscopic treatment was suggested after multi-disciplinary discussion. The lesion was resected with endoscopic submucosal dissection (ESD) (Fig. 1d, e). Iodine staining indicated an unstained area in part of the gross specimen. Final diagnosis was collision carcinoma, neuroendocrine carcinoma combined with squamous cell high-grade intraepithelial neoplasms (HGIN) (Fig. 1f, g). The tumor was confined to the mucosal muscularis layer, without lymphovascular invasion. The lateral and horizontal margins were both negative. The patient declined further chemotherapy and received active surveillance. No recurrence or metastasis was detected 18 months after ESD (Fig. 1h, i) (Video 1).

Endoscopic submucosal dissection for an early-stage neuroendocrine carcinoma composited with squamous cell dysplasia

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Competing interests

The authors declare that they have no conflict of interest.
Fig. 1 Endoscopic submucosal dissection (ESD) for an early-stage neuroendocrine carcinoma composited with squamous cell dysplasia. 

a Esophagogastroduodenoscopy (EGD) examination found a reddish and rough lesion 25 cm from the incisor. 
b The small round cells formed a cluster in the submucosal layer. 
c Portal vein thrombosis under contrast computed tomography. 
d ESD for the lesion. 
e Specimen of ESD. 
f Both neuroendocrine carcinoma (yellow circle) and high grade intraepithelial neoplasia (yellow arrow) component could be seen in the same view (×20). 
g The neuroendocrine carcinoma component was immunohistochemically positive for synaptophysin. 
h Scar detected after 18 months under EGD. No local recurrence was detected. 
i Gallium-68 DOTA-TATE positron emission tomography/computed tomography scan 6 months after ESD excluded tumor residue or distant metastasis.
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