Endoscopic resection for esophageal high grade dysplasia in a patient with cervical esophageal stricture via the transgastric approach

Patients with head and neck cancer often have synchronous or metachronous esophageal squamous cell carcinoma or its precursor [1–4]. Multimodal therapy may be necessary for patients with multiple cancers. In patients with metachronous double cancers, the prior treatment of the first primary carcinoma often affects the treatment of the second cancer [5]. We herein report on a 51-year-old man with a complicated medical history. In 2006, he underwent radical surgery for cancer in the left side of the floor of the mouth. He underwent radiotherapy for cervical esophageal cancer 5 years later, which led to cervical esophageal stricture. In the same year, he underwent surgery for a left submandibular lymph node metastasis and again received radiotherapy. In 2013, while he was undergoing a surveillance endoscopy using Lugol’s solution, the patient was diagnosed with esophageal high grade dysplasia, superficial type, 0-IIb.

Pathological examination of the resected specimen confirmed esophageal squamous high grade dysplasia, the margins of the resected specimen being free from abnormality. The patient’s postoperative course was uneventful and he was discharged 7 days later. Follow-up endoscopy after 1 year showed a well-healed scar (Fig. 1d), without any evidence of recurrence.

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