

Endoscopic procedure (Core)

Endoscopic resection (ER) is indicated in many early oesophageal cancers. Generally, ER for oesophageal cancer is limited to dysplasia and superficial mucosal cancers, whereas surgery is recommended for those with deep mucosal or submucosal invasion.

Endoscopic mucosal resection (EMR) is usually undertaken for mucosal lesions.¹ The complication rate for perforation for EMR is less than 2%.¹

Endoscopic submucosal dissection (ESD) involves dissecting the submucosa to remove a larger oesophageal cancer and is technically more challenging. It allows for resection of lesions of much larger size but with higher complication rate.^{2,3}

On pathological examination of a biopsy of early cancer, the presence of lymphovascular invasion, submucosal invasion, and poor tumour differentiation favour surgical treatment.⁴

References

- 1 Zhang YM, Boerwinkel DF, Qin X, He S, Xue L, Weusten BL, Dawsey SM, Fleischer DE, Dou LZ, Liu Y, Lu N, Bergman JJ and Wang GQ (2016). A randomized trial comparing multiband mucosectomy and cap-assisted endoscopic resection for endoscopic piecemeal resection of early squamous neoplasia of the esophagus. *Endoscopy* 48(4):330-338.
- 2 Yamamoto H, Kawata H, Sunada K, Sasaki A, Nakazawa K, Miyata T, Sekine Y, Yano T, Satoh K, Ido K and Sugano K (2003). Successful en-bloc resection of large superficial tumors in the stomach and colon using sodium hyaluronate and small-caliber-tip transparent hood. *Endoscopy* 35(8):690-694.
- 3 Kim JS, Kim BW and Shin IS (2014). Efficacy and safety of endoscopic submucosal dissection for superficial squamous esophageal neoplasia: a meta-analysis. *Dig Dis Sci* 59(8):1862-1869.
- 4 Simic AP, Skrobic OM and Pesko PM (2019). A surgeon's role in the management of early esophageal, EGJ and gastric lesions. *Dig Dis* 37(5):355-363.