



CrossMark

# A case series on the use of circumferential radiofrequency ablation for early esophageal squamous neoplasias in patients with esophageal varices CME

Wen-Lun Wang, MD, PhD,<sup>1</sup> I-Wei Chang, MD, PhD,<sup>2</sup> Chien-Chuan Chen, MD,<sup>3</sup> Chi-Yang Chang, MD, PhD,<sup>1</sup> Lein-Ray Mo, MD,<sup>1</sup> Jaw-Town Lin, MD, PhD,<sup>1,3,4</sup> Hsiu-Po Wang, MD,<sup>3</sup> Ching-Tai Lee, MD<sup>1</sup>

Kaohsiung, Taipei, Taiwan

**Background and Aims:** Endoscopic radiofrequency ablation (RFA) is a rapidly evolving therapeutic modality for early esophageal squamous cell neoplasias (ESCNs). However, the feasibility of RFA for ESCNs in the setting of esophageal varices has not been reported.

**Methods:** We retrospectively enrolled 8 consecutive patients with cirrhosis (Child-Pugh score  $\leq 6$ ) with early flat-type ESCNs (high-grade intraepithelial neoplasia/intramucosal cancer, and Lugol unstained lesion [USL] length  $\geq 3$  cm extending  $\geq 1/2$  the circumference) on or adjacent to esophageal varices, for which circumferential RFA was applied as the initial treatment. The primary endpoint was a complete response at 12 months, and the secondary endpoints were adverse events and procedure-related mortality.

**Results:** The mean USL length was 5.3 cm (range, 3–10 cm), and the average length of the treatment area was 7.5 cm (range, 5–12 cm), with an average procedure time of 31.9 min (range, 25–40 min). After circumferential RFA, 3 adverse events were recorded, including 2 intramucosal hematomas and 1 mucosal laceration, all of which spontaneously resolved without further management. No massive bleeding, perforation, stricture, or hepatic failure occurred after the procedure. Six of the 8 patients achieved a complete response after single circumferential RFA, but 2 had residual squamous neoplasias. After additional focal-type RFA treatment, all achieved a complete response at 12 months. No neoplastic progression or recurrence occurred during a median follow-up period of 21.6 months (range, 13–42 months).

**Conclusions:** RFA was associated with good treatment results, no neoplastic progression, and an acceptable adverse event profile for the treatment of early ESCNs in patients with well-compensated cirrhosis and esophageal varices. (Gastrointest Endosc 2017;85:322-9.)

Heavy alcohol consumption is a well-known cause of esophageal cancer and liver cirrhosis.<sup>1</sup> Recent advances in imaging-enhanced endoscopy have made the early diagnosis of superficial esophageal cancer possible,<sup>2,3</sup> and thus patients with alcoholic cirrhosis associated with superficial esophageal cancer spreading over esophageal varices have been increasingly reported.<sup>4-6</sup> Even though patients with cirrhosis and portal hypertension have a shortened life

expectancy, interventions for early esophageal squamous cell neoplasias (ESCNs) on or adjacent to esophageal varices are still warranted, especially in those with well-compensated cirrhosis and those who may be candidates for liver transplantation.

Endoscopic resection is a well-established treatment modality for early ESCNs.<sup>7,8</sup> However, treating ESCNs with esophageal varices is challenging because of the risk

*Abbreviations:* ESCN, esophageal squamous cell neoplasia; ESD, endoscopic submucosal dissection; RFA, radiofrequency ablation; USL, unstained lesion.

**DISCLOSURE:** All authors disclosed no financial relationships relevant to this publication.

See CME section; p. 427.

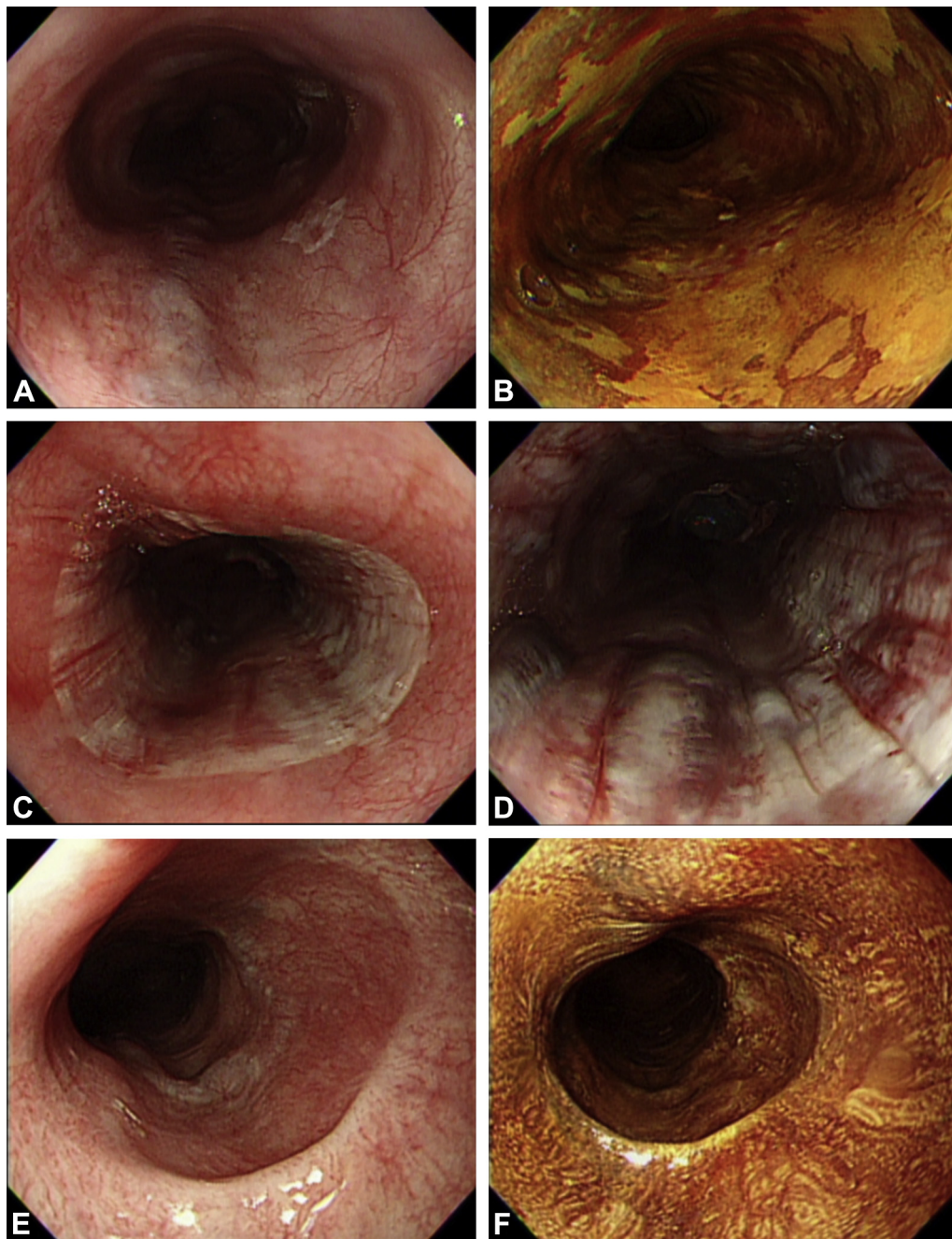
Copyright © 2017 by the American Society for Gastrointestinal Endoscopy 0016-5107/\$36.00

<http://dx.doi.org/10.1016/j.gie.2016.06.045>

Received March 1, 2016. Accepted June 17, 2016.

**Current affiliations:** Department of Internal Medicine, E-Da Hospital/I-Shou University, Kaohsiung (1), Department of Pathology, E-Da Hospital/I-Shou University, Kaohsiung (2), Department of Internal Medicine, National Taiwan University Hospital, Taipei (3), School of Medicine and Big Data Research Centre, Fu Jen Catholic University, New Taipei City, Taiwan (4).

Reprint requests: Hsiu-Po Wang, MD, Department of Internal Medicine, National Taiwan University, No.1, Changde St., Zhongzheng Dist., Taipei City 10048, Taiwan. Alternate contact: Ching-Tai Lee, MD, Department of Internal Medicine, E-Da Hospital/I-Shou University, No.1, Yida Road, Jiaosu Village, Yanchao District, Kaohsiung City 82445, Taiwan.



**Figure 1.** A representative patient (case 2) with early esophageal squamous neoplasia on small esophageal varices who was treated with circumferential RFA. **A**, Conventional white-light imaging showing an esophageal varix at 6 o'clock. **B**, Lugol staining showing multiple Lugol-voiding lesions on or adjacent to the varices. **C**, After RFA, the epithelium and the neoplasia were ablated. **D**, Close-up image of mucosa and esophageal varices after RFA. **E**, One month after primary RFA, the epithelium had almost recovered with ulcer scarring. **F**, Lugol staining showing no residual lesions, and a biopsy also confirmed complete remission. *RFA*, radiofrequency ablation.

of hemorrhage associated with many endoscopic therapies, along with the intrinsic coagulopathy seen in patients with cirrhosis. As a result, most endoscopists are hesitant to use this technically challenging procedure.

Endoscopic radiofrequency ablation (RFA) is a rapidly evolving therapeutic modality, and recent studies have shown its efficacy and safety in eradicating dysplastic

Barrett esophagus,<sup>9,10</sup> as well as flat-type early ESCNs.<sup>11-15</sup> However, the feasibility regarding its use in the setting of esophageal varices and cirrhosis has not previously been reported. Therefore, in this pilot study we aimed to assess the efficacy and safety of RFA for early ESCNs in patients with well-compensated cirrhosis accompanied by esophageal varices.

Download English Version:

<https://daneshyari.com/en/article/5659758>

Download Persian Version:

<https://daneshyari.com/article/5659758>

[Daneshyari.com](https://daneshyari.com)