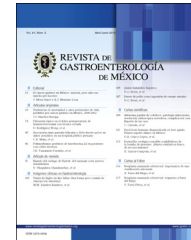




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REVIEW ARTICLE

Early esophageal squamous cell carcinoma management through endoscopic submucosal dissection[☆]

V. Arantes^{a,*}, J. Espinoza-Ríos^b

^a Unidad de Endoscopia, Instituto Alfa de Gastroenterología, Facultad de Medicina de la Universidad Federal de Minas Gerais, Unidad de Endoscopia, Hospital Mater Dei Contorno, Belo Horizonte, Minas Gerais, Brazil

^b Servicio de Gastroenterología, Hospital Cayetano Heredia, Facultad de Medicina «Alberto Hurtado», Universidad Peruana Cayetano Heredia, Lima, Peru

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Squamous cell carcinoma;
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Abstract The incidence of esophageal cancer is steadily increasing worldwide. Outcome is poor, given that the majority of cases are diagnosed at advanced disease stages. However, when detected at early stages, esophageal tumors can be curatively treated through less invasive methods, resulting in a 5-year survival rate above 90%. Therefore, it is essential to identify the high-risk population and recommend those patients undergo screening using high-resolution endoscopy, adding the resources of chromoendoscopy with Lugol solution (or digital chromoendoscopy) and magnification. Such systematized examination makes it possible to recognize early-stage esophageal neoplasia and propose endoscopic submucosal dissection as treatment. In that procedure, the tumor is resected *en bloc*, resulting in lower morbidity and mortality, compared with previous standard treatment, including early-stage esophagectomy. The present article is a review of the latest advances in the management of superficial esophageal tumors through endoscopic submucosal dissection.

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* Corresponding author. Rua Florália 18, apt. 1201, Bairro Anchieta, Belo Horizonte, MG, Brazil. ZIP: 30310-690. Phone: +55(31) 99617 3441.

E-mail address: arantesvitor@ufmg.br (V. Arantes).

PALABRAS CLAVE

Cáncer de esófago temprano;
Carcinoma de células escamosas;
Disección endoscópica submucosa;
Resección de mucosa endoscópica

Manejo del carcinoma de células escamosas de esófago precoces a través de la disección endoscópica submucosa

Resumen La incidencia del cáncer de esófago viene aumentando progresivamente a nivel mundial. Su pronóstico es pobre ya que en su mayoría el diagnóstico se realiza en estadios avanzados. Sin embargo, cuando es detectado en estadio precoz, las neoplasias esofágicas pueden ser tratadas de forma curativa y por métodos menos invasivos, resultando en una supervivencia de más del 90% en 5 años. Por lo tanto, es clave identificar la población de alto riesgo del cáncer esofágico y recomendarles endoscopia de alta resolución de cribado, agregando recursos de cromoescopia con lugol (o digital) y magnificación. Este examen sistematizado permite reconocer la neoplasia esofágica en estadio temprano, donde se puede proponer tratamiento endoscópico mediante la disección endoscópica submucosa (DES) realizándose la resección en bloque de la lesión tumoral con disminución de la morbimortalidad en comparación con el tratamiento estándar previo, incluso en estadios tempranos como lo era la esofagectomía. El objetivo de este artículo es revisar los últimos avances en el manejo de las neoplasias esofágicas superficiales a través de la DES.

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Introduction

Malignant tumor of the esophagus is the eighth most frequent cancer and the sixth cause of death worldwide. An estimated 450,000 new cases were diagnosed in 2012, along with close to 400,000 deaths attributed to that condition. Those figures are related to the presentation of symptoms at advanced stages of the disease and the consequent poor prognosis. Definitive cure is no longer an option at the advanced disease stage, underlining the necessity of early stage diagnosis.¹⁻⁴ The incidence of esophageal cancer has increased worldwide. In the United States, there has been a 7-fold increase in incidence over the last 30 years, especially in white males. Mean 5-year survival for esophageal cancer has not improved and remains below 15%.^{1,3}

There are 2 primary neoplasias in the esophagus: squamous cell carcinoma (SCC) and adenocarcinoma. SCC is the most frequent type in Asia and the rest of the world and is associated with tobacco, alcohol abuse, nitrosamine use, caustic agent ingestion, achalasia, thermal injury due to hot drinks, tylosis, micronutrient deficiency (riboflavin, retinol, ascorbic acid, alpha-tocopherol, selenium, magnesium, and zinc). In turn, adenocarcinoma is frequent in Europe and North America and its risk factors are gastroesophageal reflux (Barrett's esophagus) and elevated body mass index.^{1,2,5-7} SCC of the esophagus is more frequent in men (3.6:1) between the fifth and seventh decades of life. In Brazil, the mortality rate is 14.3 men and 4.2 women for every 100,000 persons.⁸ Those two types of cancer differ in the metastatic lymphadenopathy rate, with a greater risk in patients with SCC, compared with patients with adenocarcinoma.⁷

The development of new endoscopic techniques that include chromoendoscopy with Lugol's solution, narrow-band imaging (NBI), flexible spectral imaging color enhancement (FICE), magnification endoscopy, confocal

microscopy, high-resolution endoscopy, and spectroscopy have augmented sensitivity and specificity in the early-stage detection of those types of neoplasias. That is important, because early diagnosis of SCC improves its outcome, with 5-year survival rates of up to 95%.^{3,4,8-11}

The treatment of choice for esophageal cancer has traditionally been surgical, even in early-stage disease. However, esophagectomy is associated with high morbidity and mortality rates.⁶ In the last two decades, endoscopic treatment that includes endoscopic mucosal resection (EMR) and endoscopic submucosal dissection (ESD) has advanced, becoming a viable curative alternative to surgery in selected cases of early esophageal cancer. The advantages of endoscopic treatment are organ preservation, a practically null mortality rate, and low complication rates between 1-8% that include bleeding, perforation, and stricture.^{2,6,9,11}

EMR was the first endoscopic therapy to be developed and has been used as treatment for superficial SCC. It is an effective therapy and less invasive than esophagectomy. However, that technique only removes small lesions *en bloc* (<10 mm). Larger lesions require piecemeal resection, which predisposes to imprecise histopathologic evaluation and is associated with increased rates of local recurrence.^{2,4,10} The ESD technique was developed in Japan and proposes *en bloc* resection of lesions larger than 20 mm, reducing the need for piecemeal resection and enabling a precise evaluation of the resection margins (vertical and lateral), resulting in much lower local recurrence rates than with EMR and an excellent long-term cancer-free survival rate.^{4,6,12-14}

The aim of the present article was to contribute to the understanding of recent advances in esophageal cancer management with a detailed review of the ESD technique in patients with SCC, diffusing information of that procedure so it can be incorporated into Western endoscopy centers, especially in Latin America. Because there are certain

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