

T1a Esophageal Adenocarcinoma within Barrett's Esophagus: Endoscopic Resection Using the Captivator EMR

technique spotlight



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Patient History

A 71-year-old male with longstanding GERD was referred for evaluation of an early esophageal adenocarcinoma identified during routine surveillance endoscopy for Barrett's esophagus. He denied dysphagia, melena, or weight loss, and his GERD symptoms were well controlled with once-daily proton pump inhibitor (PPI).

Procedure

Examination using a high-definition upper endoscope revealed a C1M4 segment of Barrett's esophagus. A 10 mm area of increased erythema and friability was identified (**Figures 1**). An irregular pattern was identified using narrow band imaging (NBI) (**Figure 2**). Its size and location close to the GE junction favored resection via endoscopic mucosal resection (EMR). The Captivator EMR Device offered a clear view for sequential resection of the lesion reducing the likelihood of residual neoplasia (**Figure 3**). Two resection specimens were submitted using the cassette trays included with the kit which prevents "curling" of the tissue facilitating assessment of the margins.



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Outcome / Post-Procedure

Pathology revealed the presence of intramucosal adenocarcinoma and high grade dysplasia in a background of intestinal metaplasia (**Figure 4**). Adenocarcinoma reached, but did not traverse, muscularis mucosa (T1a). Deep margins of resection were clear of neoplasia. No lymphovascular invasion was identified. No adverse events occurred associated with the EMR. The patient will undergo surveillance endoscopy in 3 months with the intention to ablate the remaining intestinal metaplasia with radiofrequency ablation (RFA).

Conclusion

This case highlights the current approach for the management of superficial or early esophageal adenocarcinoma. Endoscopic techniques available include thermal ablation and resection. Endoscopic resection has the advantage of completely removing the neoplastic lesion with a high success rate and low risk of adverse events, and acquires tissue for accurate histologic staging. Endoscopic resection can be performed by EMR ligation or by endoscopic submucosal dissection (ESD). EMR is effective for eradicating mucosal cancer and high grade dysplasia in Barrett's esophagus with the advantage of having less complications (bleeding, perforation, and strictures) and being less-time consuming than ESD.



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