

Evaluation of an Endoscopic Mucosal Resection in 38 Patients with Superficial Esophageal Carcinoma

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Abstract : Superficial esophageal carcinoma can be safely resected either surgically or endoscopically. We evaluated the indications for an endoscopic mucosal resection (EMR) and the optimal treatment modality for superficial carcinoma of the esophagus. From January 1995 to January 2004, 38 patients with superficial cancer of the esophagus underwent EMR (n =38 patients, 44 lesions) utilizing the esophageal EMR-tube method or EMR cap-fitted panendoscope. All 44 superficial esophageal carcinomas were removed. No local recurrence occurred in any of the 17 lesions (38.6%) by a one-piece resection ; however, recurrence was detected in five of the 27 lesions (61.4%) removed by a multi-piece resection ($p=0.162$). The five patients demonstrating recurrence underwent a second EMR, radiation therapy or surgery, and no further recurrence was noted in these patients. Seven of the patients who were found to have submucosal cancer also received additional treatment, including a surgical resection, radiotherapy, or chemoradiotherapy. Controllable esophageal bleeding following EMR was apparent in 13.2% of the patients; however, neither stenosis nor perforation was observed. In addition, nine of 38 cases presented multiple primary carcinomas including gastric carcinoma (4 cases), colorectal carcinoma (2 cases), hepatic carcinoma (2 cases) and tongue carcinoma (one case). These results indicate that a local resection with EMR is the preferred treatment for superficial esophageal cancers limited to the lamina propria mucosae. Additional therapy, such as chemoradiotherapy, supports EMR in the treatment of esophageal cancers accompanied by submucosal invasion. Patients with esophageal carcinoma have high risks of developing associated multiple hepatogastroenterological tumors.

Key words : Esophagus, Superficial carcinoma, Endoscopic mucosal resection, Multiple primary cancers