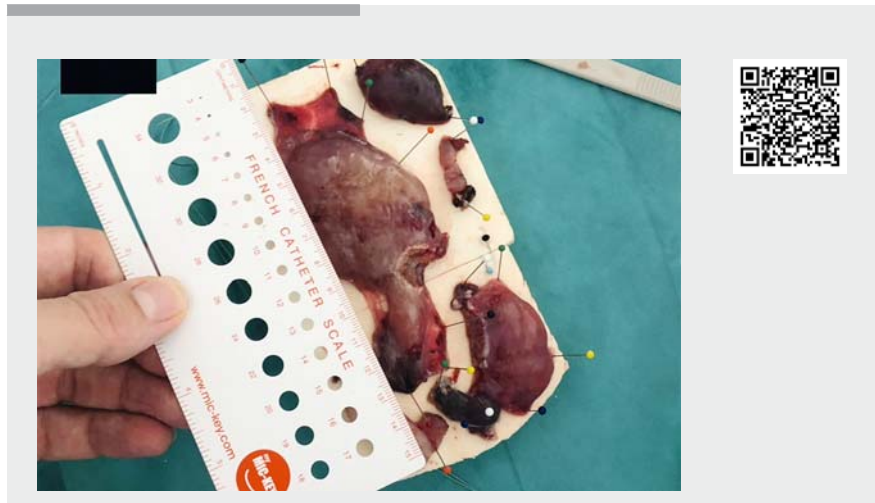


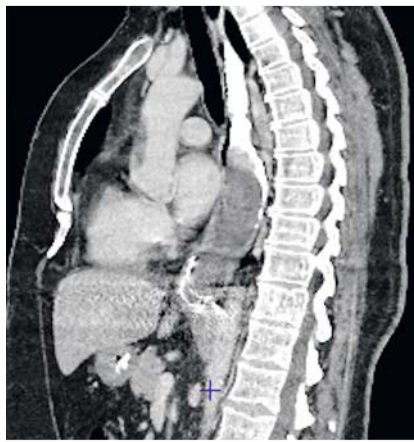
Endoscopic submucosal dissection as a diagnostic procedure for a giant submucosal “sausage” causing dysphagia

A 56-year-old woman was referred to our endoscopy unit for severe dysphagia with weight loss. A large sessile submucosal lesion was discovered during gastroscopy at 25–40 cm from the dental arches. Endoscopic ultrasonography (EUS) revealed a submucosal lesion not invading the muscular layer with a cystic component. The findings of EUS-guided fine needle aspiration (EUS-FNA) were inconclusive. Computed tomography (CT) confirmed a large hypodense lesion obstructing the middle and lower third of the esophagus (► **Fig. 1**). Therefore, we chose a diagnostic endoscopic submucosal dissection (ESD) to avoid morbid surgery for a potentially benign lesion.

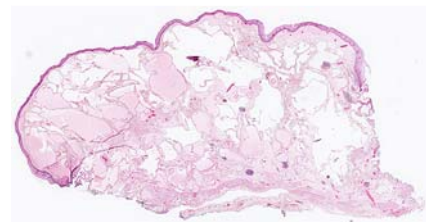
First, a proximal incision was made to create a tunnel using a T-type Hybrid-Knife (Erbe Elektromedizin, Tübingen, Germany) after glycerol solution had been injected. Distal incision was not performed so that we could close the tunnel to avoid complications should the resection fail. Distal progression with the tunneling technique was difficult so we made lateral incisions and applied the clip-with-line traction technique. An IT-Knife (Olympus, France) was finally used for distal incision because of constraints owing to specimen size. The resection was en bloc, but the specimen fell into the stomach. We fragmented the lesion with a 25-mm hot snare (Olympus) and extracted the pieces with a basket snare (US Endoscopy). The resection site was clean (► **Video 1**). Histopathological analysis revealed a giant cystic lymphangioma (► **Fig. 2**). The patient remained well 5 months later, with no residual dysphagia, and a follow-up gastroscopy was normal. Esophageal lymphangiomas are very rare, with around 30 reported cases. En-



► **Video 1** Endoscopic submucosal dissection of a giant cystic lymphangioma in the esophagus.



► **Fig. 1** A sagittal computed tomography scan image showing a giant esophageal submucosal lesion.



► **Fig. 2** Histopathology of the lesion showing dilated or cystic lymphatics in the submucosa, as well as focally in the muscularis mucosae.

doscopic resection has been proposed when the diagnosis is in doubt or to treat the symptoms for lesions smaller than 2.5 cm [1–3]. Until now, larger lesions

have been treated by radical surgery. We suggest ESD as a diagnostic and therapeutic procedure for these submucosal lesions. Should the procedure fail, any additional surgery will not have been compromised by this minimally invasive procedure.

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Competing interests

None

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