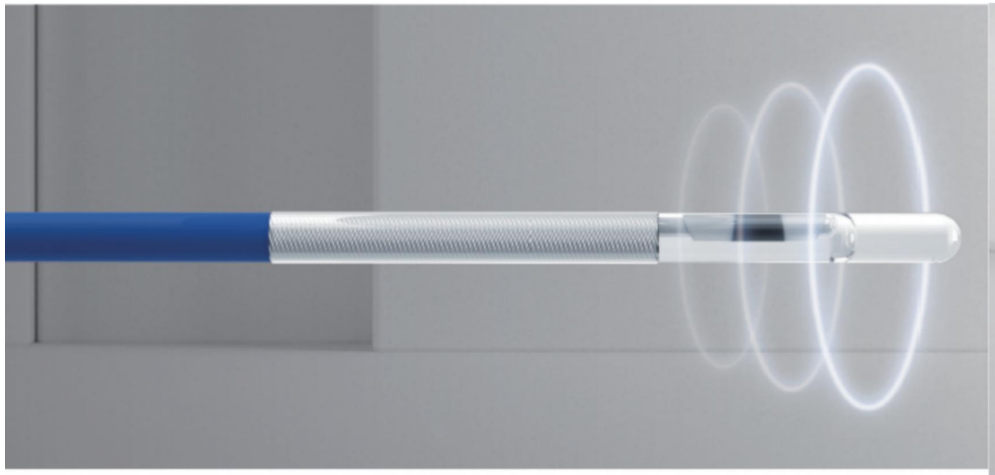

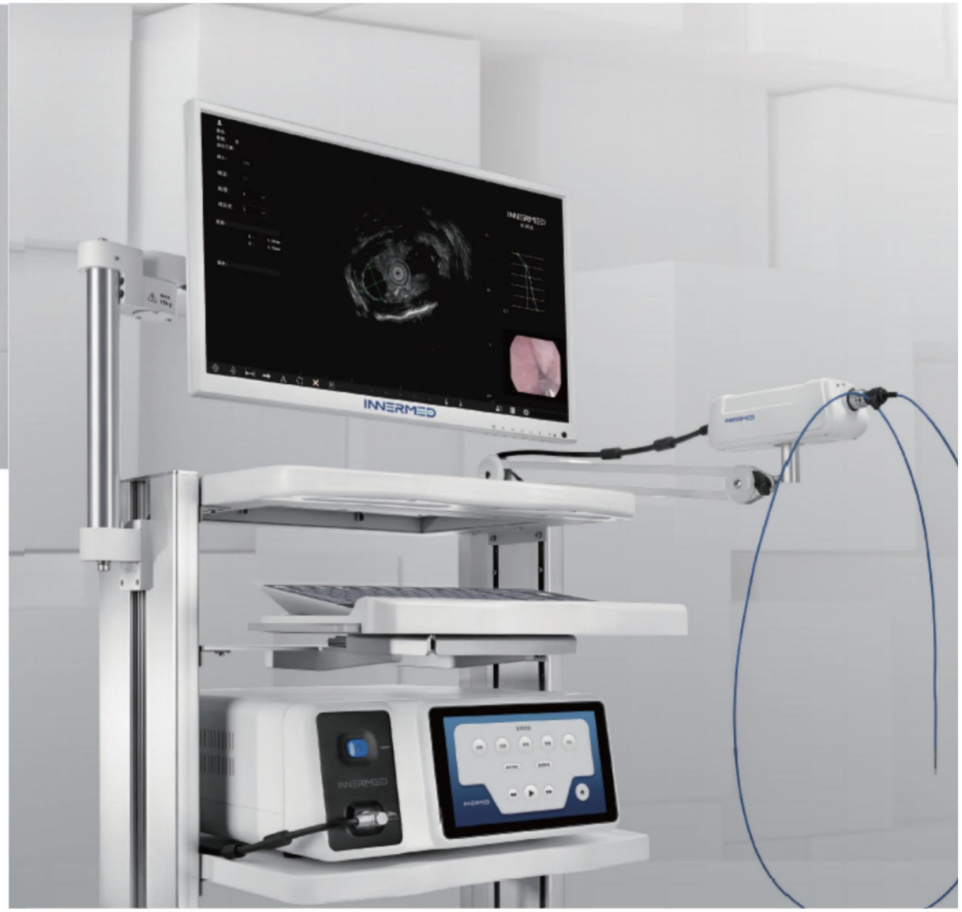

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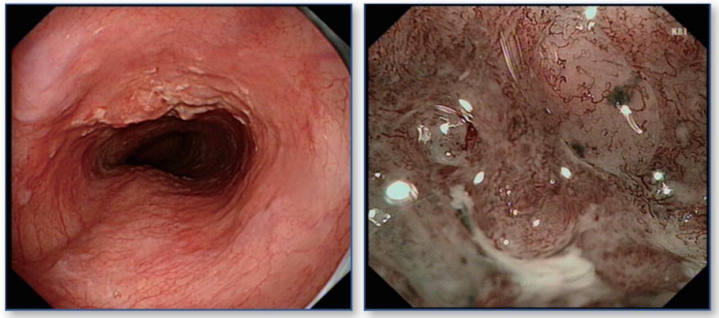
Mini-Probe EUS
Clinical Applications

CONTENTS

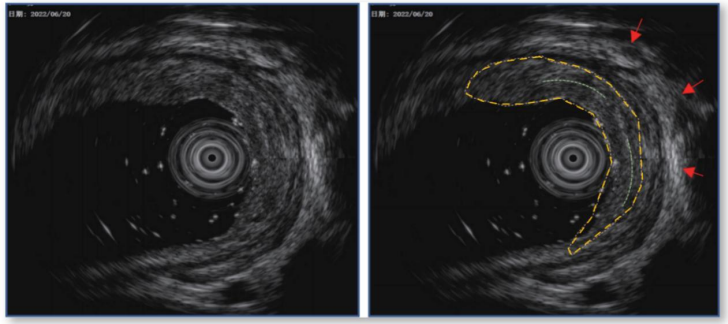
1. Basoloid squamous cell carcinoma of the esophagus

Elderly male, 50 years old, suffered intermittent dysphagia for 1 month, had a smoking history of 20 years x 10 cigarettes/day, and drank moderately.

Gastroscopy

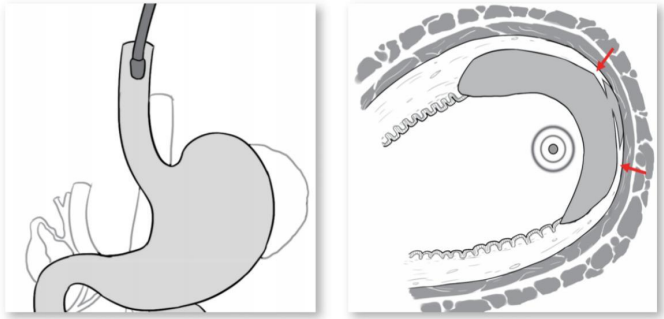


- The esophagus is 27-31cm away from the incisors, and the esophageal lesion is flat, with local bulges and a sense of fullness, occupying about 3/4 of the lumen, and the bulge after inflation. Poor extensibility , detailed examination shows a brown background, IPCL prolongation and thickening, mainly B1 type, multiple B2 blood vessels, and B2 is the main bulge.
- Esophageal mucosal lesions consider the possibility of neoplastic lesions invading the deep submucosa.



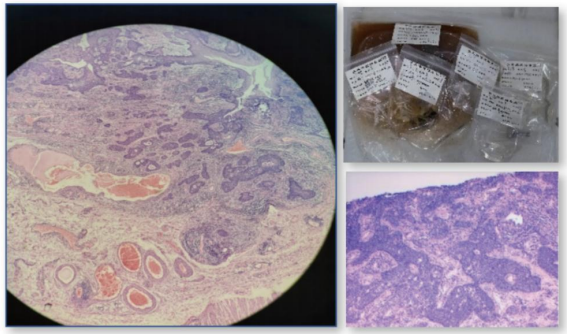
- The green dotted line indicates the disappearance of the continuous outline of the submucosa, the yellow dotted line indicates the approximate infiltration range of the lesion, and the red arrow indicates the lesion invades into the deep part of the submucosa, EUS shows that the mucosal layer of the esophageal wall is obviously thickened, and the submucosa is interrupted and infiltrated and thickened, showing hypoechoic Changes, no abnormalities in the muscularis propria.

Corresponding location



Treatment

- ESD excision wound and specimen

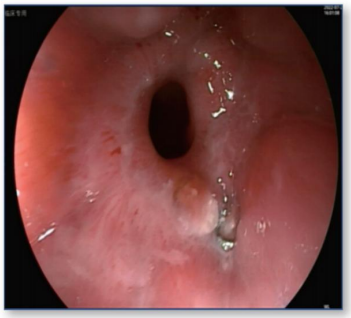


- Pathological diagnosis:
  Basal cell squamous cell carcinoma of the esophagus, invading the submucosa; periesophageal lymph nodes (2), perigastric lymph nodes (6),
  No cancer tissue was found in the lymph nodes of group 201 (1), lymph nodes of group 205 (7), left gastric lymph nodes (2), subphrenic lymph nodes (3), and anastomotic margins. Immunity: CK5/6(+), P40(+), P63(+), D2-40 foci(+), EGFR(3+), S100(-)
  P53(+)80%, P16(-)Ki67(+)60%.

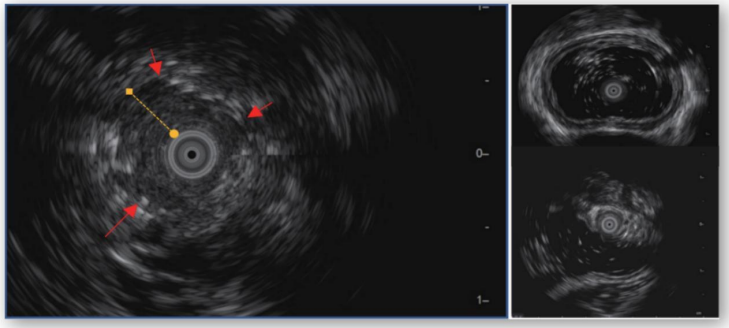
2. Stricture of the anastomosis

A 62-year-old male suffered from dysphagia after cardia cancer resection for 1 month.

Gastroscopy

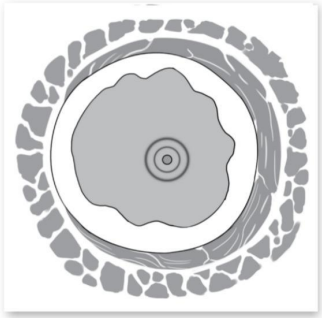


- The esophagus is 35cm away from the incisors, and the esophagogastric anastomosis is obviously narrow, and the endoscope cannot pass through. The diameter of the lumen is about 5mm, and there are staples left on the edge.



- The yellow dotted line indicates that the thickest part of the scar is <1cm. The red arrow indicates that the circumferential scar is hypoechoic. The upper right is the normal wall echo of the esophagus near the narrow end;

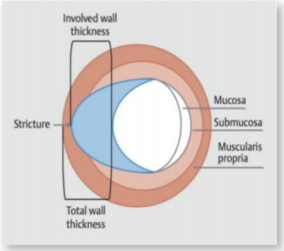
Corresponding Location



Treatment

- Dilation treatment, and removal of staples after surgery.

- Schematic diagram of ultrasound stenosis:
  If the stenosis exceeds 70% of the circumference or the mucosa exceeds 2.85mm, it is easy to restenosis after dilation.

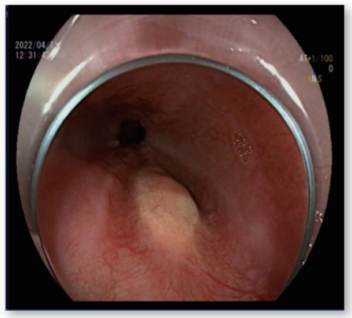


Endoscopy International Open 2020; 08: E1371-E1378

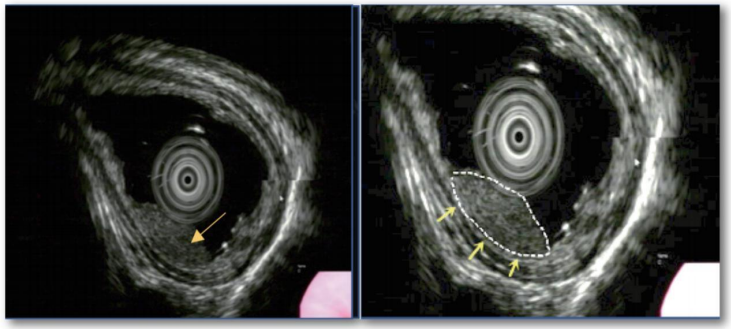
3. Esophageal granular cell tumor

A middle-aged man was admitted to the hospital on the 6th when he was found to have a raised esophageal lesion.

Gastroscopy

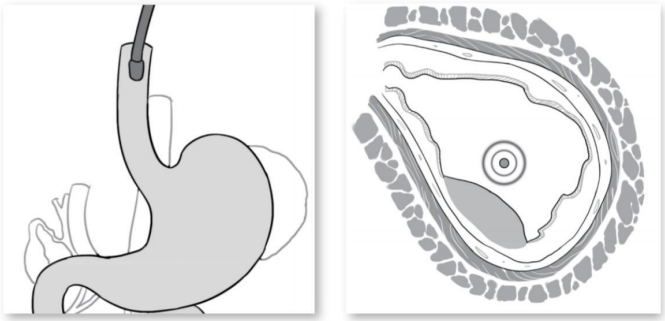


- 36-37cm away from the incisors, there was a new growth in the right wall of the esophagus, with a size of about 0.8*1.0cm.



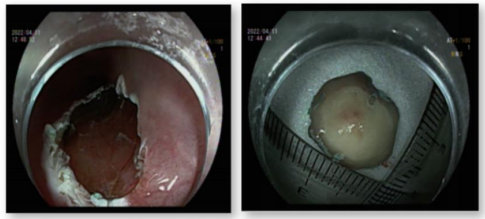
- The hyperechoic space-occupying originated from the deep layer of the mucosa, the largest cross-sectional size is about 8.14x3.10mm, the internal echo is uniform, and there is no abnormal echo in the other layers. Dotted lines indicate lesion extent.

Corresponding Location

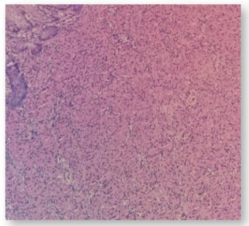


Treatment

- ESD excision wound and specimen



- Pathological diagnosis:
  Granulosa cell tumor is a neurogenic tumor originating from the submucosal plexus with Schwanncell differentiation characteristics. It can express S-100 protein, NSE, myelin basic protein (MBP) and CD68, etc. Granulosa cell tumors can occur in any location, but are commonly found in the tongue, skin, larynx, lungs, and breasts.



Pathology (22-07003): Esophageal mucosal granulosoma.