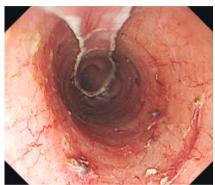
New drug-delivery balloon catheter for easy and fast injection of triamcinolone after esophageal endoscopic submucosal dissection

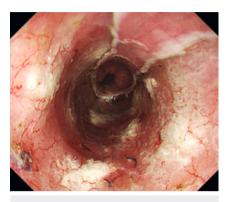




► Fig. 1 Semiperipheral superficial esophageal cancer in the upper thoracic esophagus.



► Fig. 2 After endoscopic resection, the mucosal defect extended to 7/8 of the circumference.



► Fig. 3 Post-procedure observation showed that triamcinolone was injected evenly and firmly into the ulcer.



▶ Video 1 After resection, the mucosal defect extended to 7/8 of the circumference, and triamcinolone 40 mg was injected into the post-treatment ulcer using the new drug-delivery balloon catheter.

Esophageal endoscopic submucosal dissection (ESD) is a very common and useful endoscopic treatment for superficial esophageal cancer [1]. The most common delayed adverse event of esophageal ESD for extensive lesions is stenosis [2]. Local injection of triamcinolone is the most common form of stenosis prevention [3], and the method using a needle is a rather complicated and time-con-

suming procedure. A new drug-delivery balloon catheter is a device with multiple micro holes on its surface that eject fluid from the balloon when the balloon pressure rises.

A man in his 60s underwent ESD for semiperipheral superficial esophageal cancer in the upper thoracic esophagus (> Fig. 1). The resected pathology was squamous cell carcinoma, and curative resection was obtained. After resection, the mucosal defect extended to 7/8 of the circumference (> Fig. 2), and triamcinolone 40 mg was injected into the posttreatment ulcer using the new drugdelivery balloon catheter (► Video 1). The procedure was completed in only a few minutes, and was very safe and simple. Post-procedure observation showed that triamcinolone was injected evenly and firmly into the ulcer (▶ Fig. 3).

A new drug-delivery balloon catheter allows for safe, simple, and quick triam-cinolone injection after esophageal ESD.

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Conflict of Interest

The authors declare that they have no conflict of interest.

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