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IMAGES OF THE MONTH

Narrow Band Imaging Facilitates the Diagnosis of Esophageal Basaloid Squamous Cell Carcinoma

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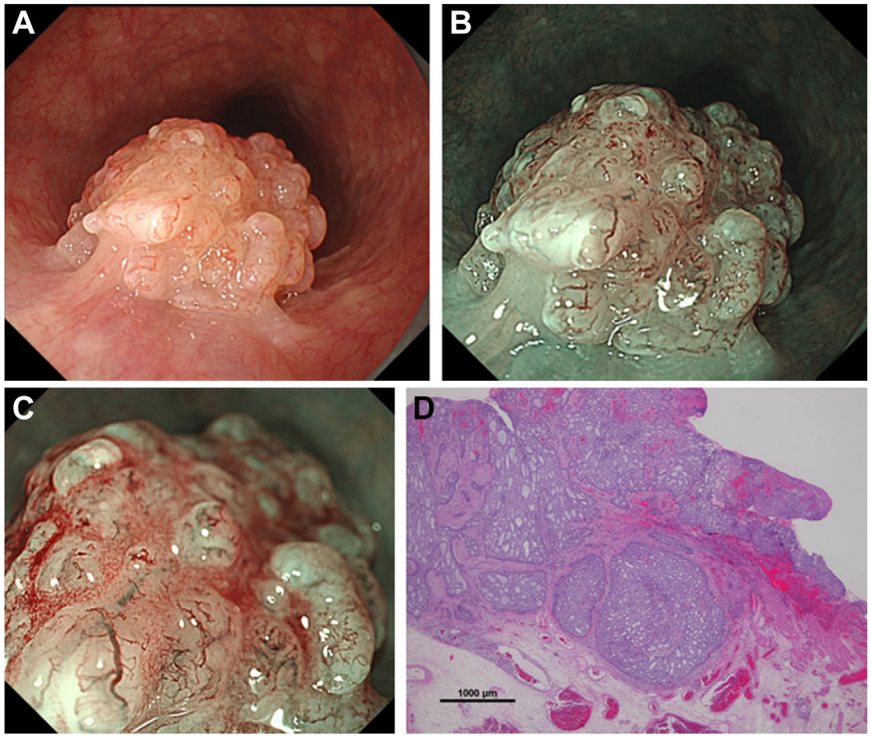

An 84-year-old man was referred to our hospital for examination and treatment of esophageal tumor. Esophagogastroduodenoscopy showed a 20-mm–sized, whitish, nodular protruding lesion located in the middle thoracic esophagus on white light imaging (Figure A). Narrow band imaging (NBI) revealed a brownish area with irregular microvessels on the surface of the lesion (Figure B), while magnifying NBI (M-NBI) highlighted highly dilated abnormal vessels and abnormal microvessels exhibiting severe irregularity (Figure C). Endoscopic submucosal dissection was performed on the suspected basaloid squamous cell carcinoma (BSCC) for biopsy. Histopathology showed the lesion to be a BSCC, Paris type 0-I, measuring 20 × 18 mm, pT1b (SM2), with no lymphovascular invasion (Figure D). While the elderly patient desired no additional treatment, including radiation or surgery, follow-up esophagogastroduodenoscopy and computed tomography revealed no recurrence or metastasis for 2 years.

Prediction of depth of invasion in BSCC, a rare esophageal carcinoma, with M-NBI remains unestablished, in contrast to squamous cell carcinomas, where T1b-SM2 or deeper lesions are predicted based on the presence of highly dilated abnormal vessels. The M-NBI image offered suggests that the same diagnostic approach as that to squamous cell carcinomas may be taken to BSCC and should prompt further investigation in BSCC.

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Ethical Statement:
The study was conducted in compliance with the Declaration of Helsinki and other relevant ethical guidelines. Informed consent from the patient, as well as approval of the Institutional Review Board, was obtained for publication of this report and any accompanying images.

Reporting Guidelines:
This report has been prepared in reference to the CARE Checklist for case reports.