Esophageal Cancer and Head and Neck Cancer: The Earlier, the Better

Joon Sung Kim and Byung-Wook Kim

Division of Gastroenterology, Department of Internal Medicine, Incheon St. Mary's Hospital, The Catholic University of Korea College of Medicine, Incheon, Korea

See "Clinical Significance of Early Detection of Esophageal Cancer in Patients with Head and Neck Cancer" by Hyun Lim, et al. on page 159, Vol. 9. No. 2, 2015

It is well known that head and neck squamous cell carcinoma (HNSCC) is often accompanied by esophageal squamous cell neoplasia (ESCN). Alcohol consumption and smoking act as risk factors for both tumors and it is not unusual for both tumors to occur in the same patient. One population study showed that reduced consumption of alcohol and tobacco was significantly associated with lower risks of developing both HNSCC and ESCN.¹ Therefore, physicians should strongly encourage their patients to stop smoking and drinking alcohol whenever possible.

The authors of this study reported that HNSCC accompanied by ESCN is related to decreased longevity which is in accordance with previous studies from other Asian countries.²⁻⁴ Since surgical resection and/or chemoradiotherapy are main stay of both tumors, radical excision might be inevitable when tumors exist in both regions. This might be associated with poor prognosis in patients with both tumors. ESCN is quite common in Asians compared to Caucasians and a comparative study in Caucasians is anticipated in the future.

Chromoendoscopy with iodine solution spray has been considered the gold standard test for early detection of ESCN for the past decade. However, iodine sprays may cause uncomfortable smells and/or pain to the patient. Image-enhanced endoscopy such as narrow band imaging with or without magnification has emerged as a substitution for iodine solution spray.⁵ Studies have reported narrow band images to achieve similar detection rates compared with white light conventional endoscopy with iodine solution spray.⁶ This is promising since image-enhanced endoscopy is less time consuming and adverse events associated with iodine solution spray can be avoided.

Radiation therapy to the head and neck can also induce

radiation esophagitis with or without stricture. Endoscopic surveillance may be more difficult to perform after the occurrence of strictures. The authors found that hypopharyngeal cancer was significantly associated with development of ESCN. When we consider this result, "the earlier, the better" rule should be considered in patients with HNSCC, especially in hypopharyngeal cancer. Early detection of ESCN should be aspired before therapy of HNSCC.

In conclusion, when physicians find HNSCC, they should always pay attention to the possibility of a coexisting ESCN especially in hypopharyngeal cancer, since early detection may improve the life expectancy of the patient.

CONFLICTS OF INTEREST

No potential conflict of interest relevant to this article was reported.

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Correspondence to: Byung-Wook Kim

Division of Gastroenterology, Department of Internal Medicine, Incheon St. Mary's Hospital, The Catholic University of Korea College of Medicine, 56 Dongsu-ro, Bupyeong-gu, Incheon 403-720, Korea

Tel: +82-32-280-5052, Fax: +82-32-280-5987, E-mail: gastro@catholic.ac.kr

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