Image

Endoscopic “Flapectomy” for Squamous Cell Carcinoma Arising from Anterolateral Thigh Flap of Hypopharynx

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FIG. 1 A 73-year-old man, who had undergone surgery for hypopharyngeal cancer 12 years previously, demonstrated a 1.5-cm squamous cell carcinoma in the anterior wall of his reconstructed hypopharynx on upper gastrointestinal endoscopy (**a**). The flat reddish lesion (red arrows) was located on the anterolateral thigh flap (white arrows). Clinical stage was diagnosed as cT1N0M0, and transoral videolaryngoscopic surgery was planned. A laryngo-pharyngoscope retractor (FK-WO TORS; Olympus Co., Tokyo, Japan) was used to secure a visual field under general anesthesia, but the transoral devices could barely reach the lesion at a dead angle. Therefore, endoscopic submucosal dissection using a videoendoscope (GIF-Q260J; Olympus Co.), electrosurgical unit (VIO300D; ERBE, Tübingen, Germany), and a cutting device (Flushknife; Fujifilm Medical, Tokyo, Japan) was planned. Hyaluronic acid could not be injected into the flap adequately, but the mucosa surrounding the lesion was suitably incised and the fatty layer was cut using the ENDO CUT and SWIFT COAG mode of the electrosurgical unit. The procedure was completed within 71 min, without complications (**b**). The patient started food intake on postoperative day 2 and was discharged on postoperative day 5. Histological examination showed a 0.5-mm thick squamous cell carcinoma localized in the dermis (**c**). (Informed consent was obtained from the patient to publish these images.)

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