

# 11<sup>TH</sup> GLOBAL GASTROENTEROLOGISTS MEETING

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## Observation of the pharynx to the cervical esophagus using transnasal endoscopy with image enhanced endoscopy

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The more progress achieved in endoscopy, the more superficial cancers in the head and neck regions associated with esophageal squamous cell carcinoma have been found. Between August 1996 and March 2017, we have been experienced 350 cases of superficial head and neck cancers. Some areas difficult to observe with trans-oral endoscopy because of gag reflex. We applied new trans-nasal esophagogastroduodenoscopy (EGD) with image enhanced endoscopy (narrow band imaging, blue laser imaging, and linked color imaging) and modifications of endoscopic techniques for observing head and neck cancers and obtaining excellent results. The patient was asked to bow their head deeply in the left lateral position, and then we kept our hand on the back of the patient's head and pushed it forward by one span of our hand. Then, he was asked to lift up their chin as far as possible. After the local anesthesia of the nose without sedation, the endoscope was inserted through the nose. When inspecting the hypopharynx and the orifice of the esophagus, we asked the patient to blow hard and puff his cheeks with his mouth closed. This procedure provided a much better view of the orifice of the esophagus than had been possible with trans-oral endoscopy. Furthermore, observing the base of the tongue using trans-oral endoscopy is also difficult. When inspecting the oropharynx, the patient opens their mouth wide and sticks their tongue out as far as possible while making a vocal sound similar to a long I. The endoscopist then forces the transnasal-endoscope to make a U-turn, and observes the oropharynx, in particular the base of the tongue. Mucosal redness, a pale thickened mucosa, white deposits, or loss of a normal vascular pattern, as well as demarcated brownish areas with image enhanced endoscopy, are important characteristics to diagnose superficial carcinoma.

### Biography

Kenro Kawada completed his Graduation in 1995 at Tokyo Medical and Dental University. He worked at Medical Hospital, Tokyo Medical and Dental University in 1995 and 2001. He was Junior Associate Professor in Department of Gastrointestinal Surgery at Tokyo Medical and Dental University in 2008.

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