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Image of the Month
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Image of the Month

Oropharyngeal Squamous Carcinoma: A Not-So-Incidental Finding

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A 67-year-old man presented for his first variceal screening upper endoscopy for the diagnosis of decompensated alcoholic and hepatitis C-related cirrhosis. His history also includes 40 pack-years of smoking.

Before esophageal intubation, it is typically our practice to perform a routine pharyngeal examination with white light followed by image-enhanced endoscopy that highlights the microvasculature.

On the posterior oropharyngeal wall extending down to the hypopharynx, a 1.5-cm Paris IIa + IIb lesion was detected (Figure 1A–C). With magnification, abnormal B1 intrapapillary capillary loops and small avascular areas indicated a squamous cell carcinoma (SCC) (Figure 1D and E). Using pediatric forceps, a single biopsy was taken (Figure 1F), and pathology confirmed the diagnosis of SCC.

Although oropharyngeal SCC is relatively rare in North America, there is an opportunity to examine the pharynx carefully and potentially detect early neoplasia when performing a diagnostic upper endoscopy, especially in patients with known risk factors such as heavy alcohol and tobacco use.

Conflict of Interest

R.B. consultant for Olympus.

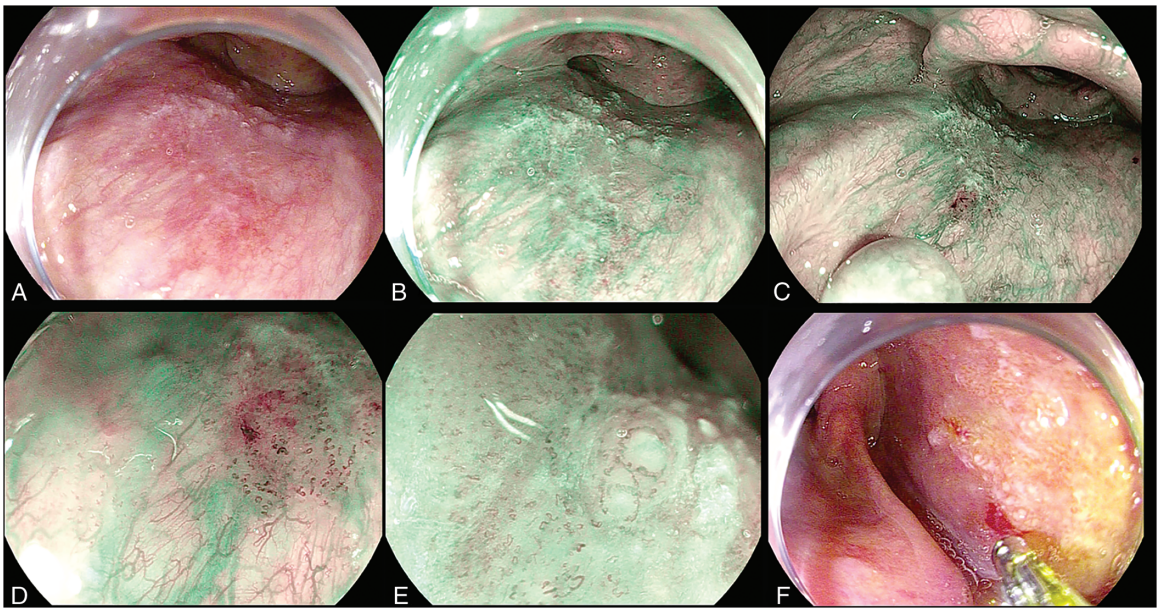

Figure 1. Oropharyngeal squamous carcinoma. (**A**) White light examination; (**B, C**) image-enhanced endoscopy exam; (**D, E**) magnifying endoscopy demonstrating B1 intrapapillary capillary loops and avascular areas; and (**F**) biopsy with pediatric forceps.