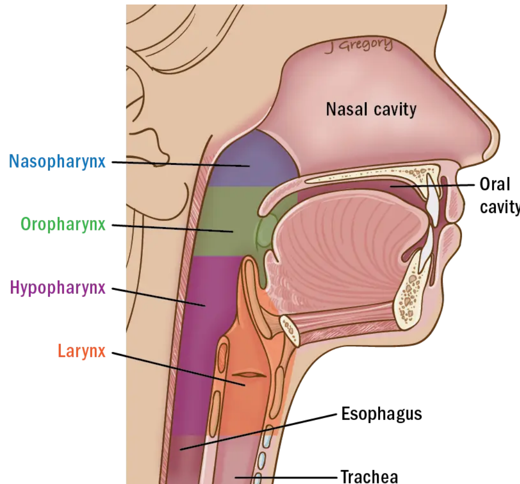
Throat or Esophageal Biopsy

If a suspicious lesion is found in the throat, a doctor may perform a biopsy to determine whether or not the lesion is cancerous. The throat includes the oropharynx, hypopharynx, larynx, and cervical esophagus. Usually, a doctor will perform an endoscopy along with a biopsy. Below you will find descriptions of different throat or esophageal biopsy methods.



Transnasal Flexible Endoscopy

The doctor may spray your nose with decongestant and numbing medications. A small flexible camera is inserted through your nose and down towards your throat to visualize the suspicious lesion and surrounding area. During the biopsy, it is important to sit still, breathe slowly, and listen to your doctor's instructions. Thin biopsy forceps are used to remove a piece of tissue from the lesion. Although it may be slightly uncomfortable, this should not be painful.

This can be performed quickly and easily in the office while you are awake. However, it only allows for a small piece of tissue to be collected. If more tissue or a better view of the area is required, the doctor may choose to perform a direct laryngoscopy, which is usually done in the OR.

Direct Laryngoscopy with Rigid Hypopharyngoscopy or Esophagoscopy

This technique might be chosen if your doctor can't get a good biopsy in the office or wants to get a better look around your throat. You will be put to sleep with general anesthesia in the

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operating room. An instrument with a camera attached at the end (e.g. laryngoscope, hypopharyngoscope, or esophagoscope) is inserted through your mouth and into your throat. An endoscopic instrument is used to remove a small piece of tissue, or the entire mass (excisional biopsy).

This allows your doctor to thoroughly inspect your neck, mouth, and throat while you are asleep, looking for any additional suspicious lesions without causing the patient any discomfort. Frozen section pathology is also often available in the operating room, which allows for an almost immediate preliminary diagnosis and helps the doctor confirm that enough tissue has been sampled to make a definitive diagnosis.

Flexible Esophagoscopy

Flexible esophagoscopy is performed by a gastroenterologist as an outpatient procedure under moderate sedation. This is performed with a larger flexible endoscope through the mouth. This is an excellent technique for biopsying esophageal masses, especially if they are located in the mid or lower esophagus.

CT-Guided Needle Biopsy

This procedure is typically performed by an interventional radiologist. You will be placed into a CT scanner to identify the location of the lesion. A tiny injection of medicine will be used to numb the skin. A small needle is used to take a sample of tissue. It is rarely used for throat and esophageal tumors, and is usually required only if the surgeon cannot get to the suspicious area using the standard methods described above.

The needle can reach some areas more easily than the surgeon would be able to do through the mouth, throat or neck. However, this does not provide a direct view of the mass and the doctor can only get a small piece of tissue, which might require additional biopsies.

Transnasal Esophagoscopy with Biopsy

This technique uses a long flexible camera to look past the pharynx into the esophagus and take a small biopsy right in the office. However, it is less common—not all doctors have the equipment necessary for this technique and it can be difficult to tolerate this procedure while awake.

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