

**Endoscopic resection with ablation therapy for primary endotracheal adenoid
cystadenocarcinoma**

Qinghua Liu^{1*}, Linlin Meng², Liangzhi Chen², Na Yan² , Shuhui Zhang²

1. Department of Respiratory and Critical Care Medicine, Shanghai East Hospital, Tongji University, Shanghai, China

2. Shandong University of Traditional Chinese Medicine, Jinan, Shandong 250002, China.

*Corresponding to Qinghua Liu, Email: lzlqhlz@163.com

Without enough study due to the rarity of disease, treatment of TACC is still controversial today. Currently commonly used treatment methods for TACC include surgery, radiotherapy, or chemotherapy. Result of a recent published systematic review indicate that further exploration for better treatments and better-quality data to provided directions for physicians is still expected based on limited evidence. We still have not enough evidence to evaluate thermal ablation or cryoablation for TACC. Here we described an endotracheal intubated 34-year-old female of Primary endotracheal adenoid cystadenocarcinoma (TACC) who was misdiagnosed for more than 3 years. She was received endoscopic resection with repeated thermal ablation followed by cryoablation therapy and radiotherapy 5 years later. No metastasis or breathing difficulties was observed within nearly 10 years following up. Evaluation of the endoscopy therapy over extensive surgical resection for TACC is urged.

Disclosure of funding source(s): none