An Unusual Case of Adenocarcinoma of the Esophagus

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INTRODUCTION

Esophageal Cancer is the eighth most common cancer in the world**8**. It is subdivided primarily into 2 types: Squamous Cell and Adenocarcinoma. Of the two, squamous cell carcinoma is the predominant type worldwide while esophageal adenocarcinoma is more common specifically in North America and Europe**5, 8**. However, it has been noted that the prevalence of esophageal cancer seems to be particularly high in China and the Middle East relative to Western countries. Both types of esophageal cancer vary in terms of their anatomy, histology, risk factors3 (Table 1), and the patient demographics they tend to affect most frequently.

CASE DESCRIPTION

A 70-year-old male patient presented to the hospital with a chief complaint of weakness, dizziness, and pale skin. He stated his symptoms have been ongoing for about 1 week in duration. He also complained of odynophagia and dysphagia with dry solids.

He did admit to early satiety, and states that he had noticed a substantial reduction in his usual appetite, for about 1 month. When asked about his medications, he reports that he chronically takes aspirin 81 daily and celecoxib 200 mg b.i.d. without any recent increase in medications or change in medications. The patient denied alcohol consumption, and stated he quit smoking 20 years ago, having only smoked for 2 years.

The patient denied any recent change to his bowel habits, and stated his last bowel movement showed brown colored stool, without melena or hematochezia.

He was taken for an endoscopy for further evaluation of his symptoms. Immediately upon entering the esophagus there were evident mass effects were noted, with multifocal, polypoid, friable and malignant appearing lesions present. Initial mass was noted at approximately 19cm and subsequent lesions extended throughout the esophagus into the gastric cardia.

DISCUSSION

The development of esophageal cancer typically is rooted in recognized risk factors, and usually affects certain demographics preferentially. The finding of adenocarcinoma in our patient was unusual for several reasons. Our patient did not have the traditional risk factors such as uncontrolled GERD that would lend towards development of Esophageal Adenocarcinoma. Adenocarcinoma in comparison to squamous cell cancer typically affects a younger demographic with an average age of 50-60, compared to our patient who was 70 years of age. Adenocarcinoma largely affects the distal esophagus, whereas squamous cell cancer primarily affects the proximal esophagus. In the case of our patient, he had multifocal lesions beginning at 19cm of endoscopic exam, which extended into the gastric cardia. Furthermore no strictures were noted in spite of his advanced malignancy.

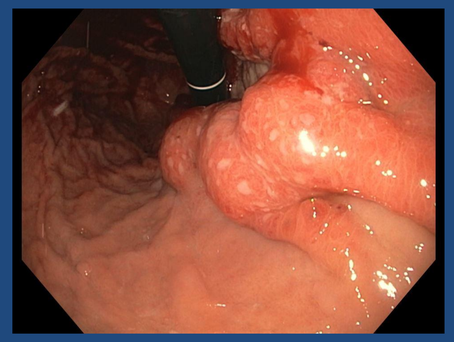

Figure 1:

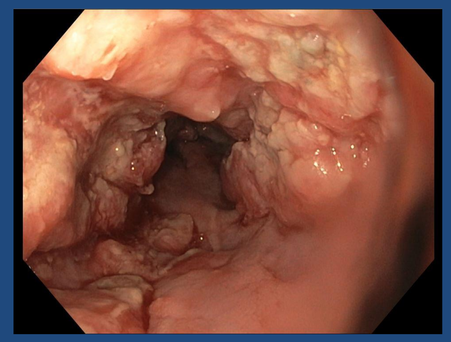

Figure 2:

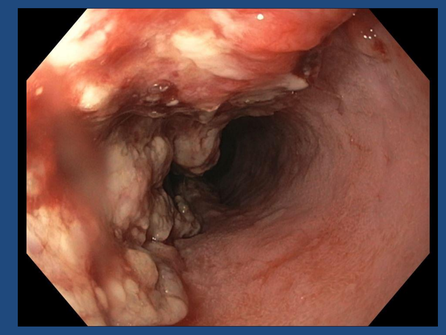

Figure 3:

	Location	Risk Factors	Demographics	Signs / Symptoms	Precursor Lesions	Sub classification	Diagnosis	H. Pylori	Treatment
Squamous Cell Cancer	upper middle esophagus	smoking, alcohol, low fruit/vegetable intake, hot drinks, Human Papilloma Virus exposure	more common in black males, & ages 60-70	dysphagia, odynophagia, weight loss, nausea, vomiting, early satiety, poor appetite, chest pain, hoarseness	(Esophageal squamous dysplasia), arise from stratified squamous epithelial lining	-	Barium Swallow, definitive diagnosis is via Endoscopy with Mucosal Biopsy	-	Chemotherapy/radiation, if surgically amenable esophagectomy
Adenocarcinoma	distal third esophagus (75%)	obesity, GERD, Barret's esophagus	more common in white men, & ages 50-60		Barret's esophagus, arises from glandular cells replacing squamous epithelium	* Type 1 Adenocarcinoma : distal esophagus * Type II Adenocarcinoma : gastric cardia * Type III Adenocarcinoma : subcardial gastric adenocarcinoma		Thought to be protective against adenocarcinoma due to gastric mucosal atrophy leading to reduced gastric acid secretions	

SOURCES

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