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Carcinoma Oesophagus- Atypical Presentation

Parveen Malhotra*, Rahul Siwach, Avani Sharma, Abhishek Yadav, Arun Dalal and Vikas Poonia

Department of Medical Gastroenterology, PGIMS, Rohtak, Haryana, India

***Corresponding author:**

Parveen Malhotra,
Department of Medical Gastroenterology, PGIMS, Rohtak & 128/19, Civil Hospital Road, Rohtak, Haryana, India

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1. Abstract

1.1. Introduction

Metastatic oesophageal carcinoma is an aggressive cancer with about 50% of cases presenting with spread to distant organs. Common metastatic sites include the liver, lung, and lymph nodes. Treatment usually focuses on systemic therapy, including chemotherapy and immunotherapy, to manage symptoms and improve quality of life, as the prognosis is poor. The cancer often spreads to the liver, lungs, and lymph nodes, with rare cases involving bones, brain, or adrenal glands. The two primary types are Squamous Cell Carcinoma (common in upper/middle oesophagus) and Adenocarcinoma (often in lower oesophagus/junction). The clinical presentation includes dysphagia, weight loss, chronic cough, and retrosternal chest pain. Metastatic oesophageal cancer has a low 5-year relative survival rate, often reported to be around 5%.

1.1. Case Report

A sixty- year- old male, not a known case of any chronic illness, non- smoker and non -alcoholic, presented with pain in thoracic area for last three months which gradually progressed to weakness in right lower limb, followed by left lower limb. The movements gradually became restricted and for last one month, he is not able to do his daily routine activities without support. He also complained of generalized fatigue & anorexia for last six months and gradually progressive dysphagia for last one month and now patient was only able to swallow liquids only. He associated his back pain with trivial fall and thus consulted orthopaedician, on whose advice MRI spine was done which revealed mass lesion at T3 level, along with destruction of T3 vertebra. In view of dysphagia, his upper gastro-intestinal endoscopy was done which revealed completely obstructive polypoidal lesion at gastro-oesophageal junction and histopathological examination confirmed it to be adenocarcinoma. The vertebral lesion causing collapse of T3 vertebra was metastasis. He was referred to surgical oncologist but was lost to follow up.

1.2. Conclusion

Our case report highlights about uncommon presentation of carcinoma esophagus in which patient presented with features of spinal cord compression due to vertebral metastasis which was attributed to trivial fall by the patient. The frank features of gradually progressive dysphagia which is hall mark of carcinoma esophagus developed later in course of disease.

2. Introduction

Carcinoma esophagus is the seventh-most common malignancy worldwide [1] and more than 80% of these cases are from developing countries [2]. Half of the patients have distant metastasis at presentation. Carcinoma esophagus commonly metastasizes to the liver, lung, and distant lymph nodes [3-6]. Metastatic carcinoma esophagus has a poor survival rate, but bone metastases seem to have the poorest overall survival, while patients with distant lymph node metastases have the best overall survival. The prognosis of metastatic esophageal carcinoma is poor, with 5-year survival rate of <5%. [7,9]. The mechanism for this difference is not known, so further studies need to be conducted for the mechanisms and prognostic value of site-specific metastases. More studies are also required to identify the subset of patients with metastatic carcinoma esophagus who may benefit from primary local treatment. Most of the metastatic carcinoma esophagus patients have high tumor burden, decreased oral intake because of dysphagia leading to malnourishment ultimately low-performance status. Distant metastasis is still the major cause of treatment failure and death in esophageal carcinoma, despite recent advances in its diagnosis and treatment. [10].

3. Case Report

A sixty- year- old male, not a known case of any chronic illness, non- smoker and non -alcoholic, presented with pain in thoracic area for last three months which gradually progressed to weakness in right lower limb, followed by left lower limb. The movements gradually became restricted and for last one month, he is not able

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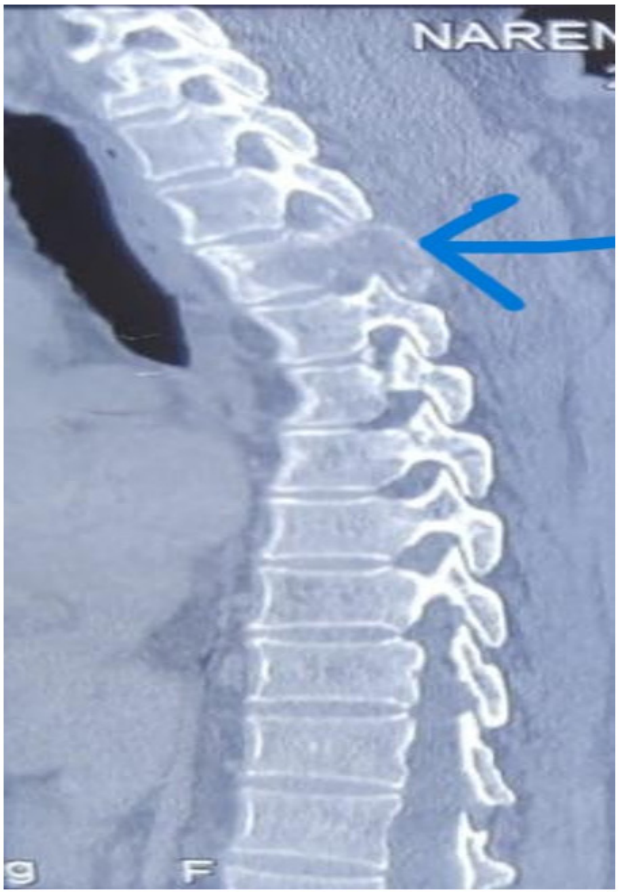

Figure 1: MRI spine showing mass lesion with destruction of T3 vertebra (blue arrow).

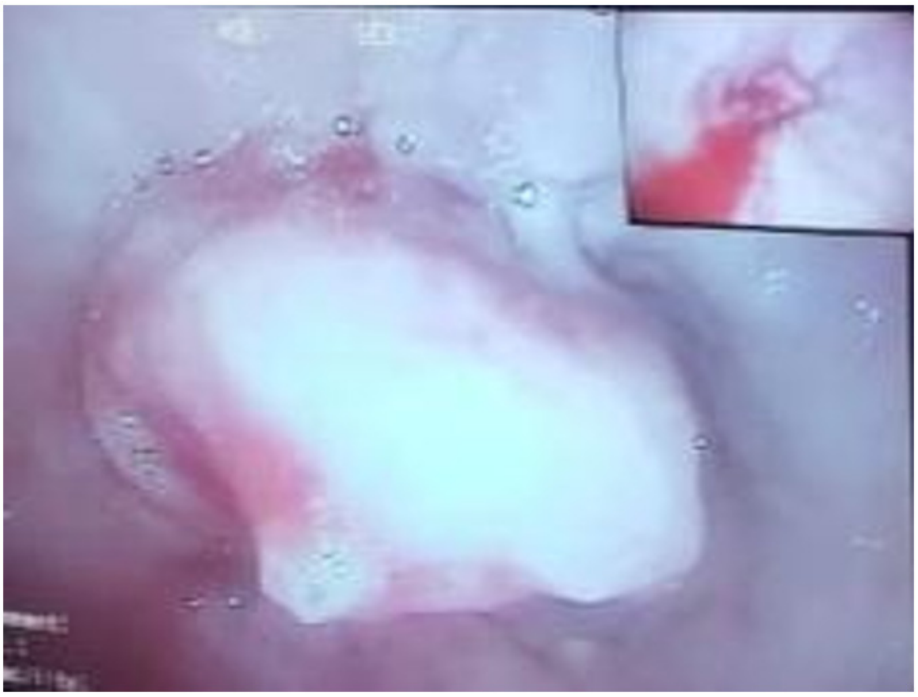

Figure 2: Endoscopy showing completely obstructive mass lesion at GE Junction.

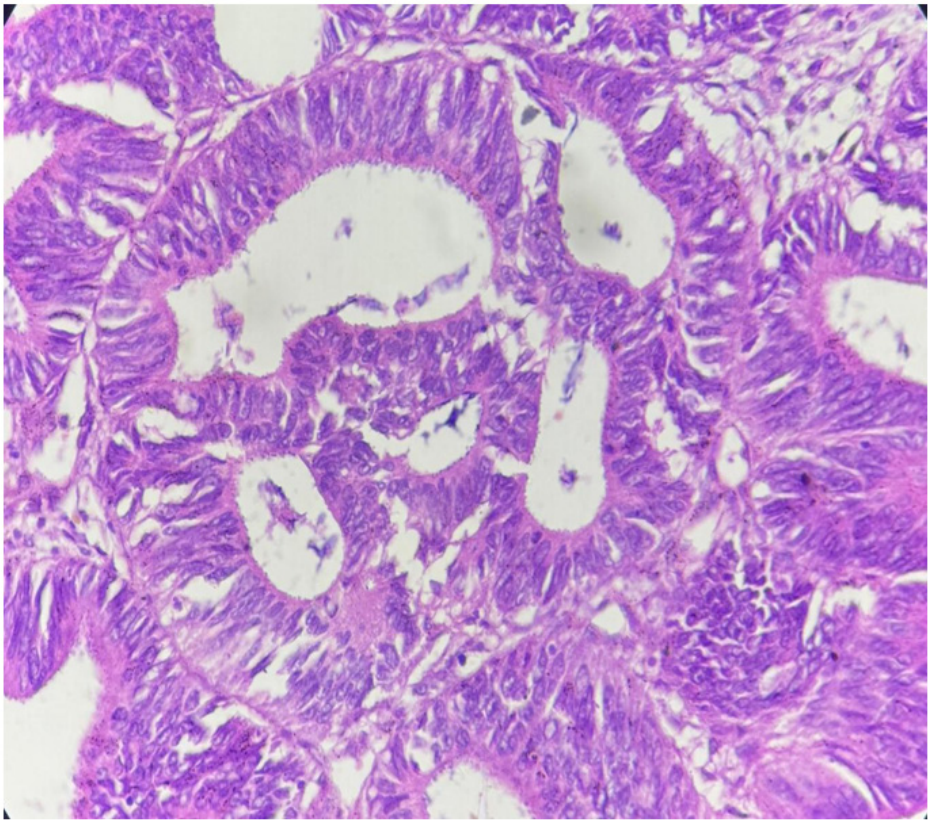

Figure 3: Histopathological examination of oesophageal mass lesion confirms adenocarcinoma.

4. Discussion

Esophageal cancer is a prevalent tumor of the digestive tract worldwide. The detection rate of early-stage esophageal cancer is very low, and most patients are diagnosed with metastasis. Metastasis of esophageal cancer mainly includes direct diffusion metastasis, hematogenous metastasis, and lymphatic metastasis [11]. Due to the lack of obvious early clinical symptoms, most patients are diagnosed with esophageal cancer at the middle and late stages, often with distant metastases [12]. The metastasis of esophageal cancer can be classified into lymphatic metastasis, hematogenous metastasis, and direct diffusion metastasis. Direct diffusion metastasis usually occurs later when the tumor invades adjacent tissues after penetrating the loose outer membrane. Hematogenous metastasis mostly occurs after lymph node metastasis, spreading to distant organs through blood vessels. Recent clinical studies have reported pancreatic metastases from esophageal squamous cell carcinoma to the lung, pleura, liver, stomach, kidney, and pancreas [13], as well as skeletal muscle metastases [14] and distant metastases in the thyroid gland [15]. Thoracic vertebra metastasis is a common form of bone metastasis in esophageal carcinoma (approx. 53% of cases), representing advanced disease with poor prognosis, often limited to <12 months survival. It often presents with severe back pain due to osteolytic lesions. The thoracic spine is the most common site for bone metastasis, followed by the lumbar spine. Metastases are predominantly osteolytic (bone-destroying), causing significant stability issues and pain. MRI and PET scans are necessary, though differentiation from spinal bone marrow hyperplasia can be difficult. Median survival for patients with spinal metastases is often only 6–8.8 months, with a one-year survival rate of approximately 20%. Metastatic spinal esophageal cancer (MSEC) indicates a poor prognosis, particularly when multiple, though it is rare. Surgical treatment is indicated for patients with spinal cord/nerve root compression to relieve symptoms and maintain spinal stability. Surgical, total resection of the tumour (when possible) has been shown to improve survival. Radiotherapy is frequently used for pain management, though it can increase the risk of vertebral fractures. Palliative chemotherapy (often a combination of fluoropyrimidine and a platinum agent) is used for widespread, metastatic disease. Bone target agents such as zoledronic acid or denosumab are used to manage bone resorption. The majority of esophageal cancer patients are diagnosed with metastasis, where the significance of multidisciplinary comprehensive treatments such as chemotherapy, immunotherapy, and targeted therapy surpasses that of surgical treatment.

5. Conclusion

Our case report highlights about uncommon presentation of carcinoma oesophagus in which patient presented with features of spinal cord compression due to vertebral metastasis which was attributed to trivial fall by the patient. The frank features of gradually progressive dysphagia which is hall mark of carcinoma oesophagus developed later in course of disease.

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