Salivary gland choriostoma in the esophagus

Fig. 1 Endoscopic image of an esophageal mucosal polypoid lesion in a 60-year-old man.

Fig. 3 Endoscopic images showing the endoscopic mucosal resection (EMR) with circumferential mucosal incision. **a** EMR was performed after the mucosa was sufficiently elevated by local injection. **b** The lesion was removed en bloc by EMR.

Salivary gland choriostoma is defined as a tumor-like growth of otherwise normal salivary gland found in an abnormal location. It has been reported in the head and neck regions but there are very few reports of its presence in the gastrointestinal tract [1,2]. To our knowledge, it has been reported in the jejunal [3], sigmoid

Fig. 2 Endoscopic ultrasound (EUS) image from the same patient showing an isohypo-echoic, homogeneous lesion derived from the esophageal mucosal layer.

colon [4], rectal [5,6], and perianal regions [7], but there is no report in the English literature of its presence in the esophagus. We report a unique case of esophageal mucosal salivary gland choriostoma in a 60-year-old man who underwent esophagogastroduodenoscopy for belch, regurgitation, and abdominal pain, and was treated by endoscopic resection.

Esophagogastroduodenoscopy revealed a 1.2×1.0 cm mucosal protuberant lesion situated 38 cm from the incisors (● Fig. 1). An ultrasound scan of the esophagus revealed that the mass, derived from the esophageal mucosal layer, was approximately 9.3×7.5 mm (● Fig. 2). Initially, the mass was thought to be a polypus of esophageal mucosa. The patient underwent endoscopic mucosal resection (EMR) of the protuberant mass (● Fig. 3a,b).

At histological examination, the esophageal lesion was considered to be a salivary gland tumor, partly basal cell adenoma, partly with the structure of adenoid cystic carcinoma, and the margin was negative (● Fig. 4a,b). With immunohistochemical staining, the glands were positive for CD117, P63, PDGFR, P53, Ki-67, CEA, P-CK, Vimentin, PAS, S-100, Calponin, and CK5/6.

In order to confirm whether the tumor was metastatic or not, the patient underwent bilateral parotid gland ultrasonography, but no obvious abnormalities were

found. The patient was eventually diagnosed with primary esophageal salivary gland choriostoma.

In conclusion, we report an extremely rare case of salivary gland choriostoma in the esophagus. The literature describes some cases of heterotopic salivary gland tissue in the digestive tract, but the lesions were all in the lower digestive tract. Our case is different from previous reports as the lesion was located in the esophagus.

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Competing interests: None

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Fig. 4 Histological images of the esophageal lesion. **a** Hematoxylin and eosin staining of the primary esophageal salivary gland choriostoma (original magnification $\times 100$). **b** Kit (CD117+) immunohistochemical staining was strongly positive (original magnification $\times 200$).

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