Cervical esophageal adenocarcinoma arising from heterotopic gastric mucosa, treated with endoscopic submucosal dissection

Esophageal adenocarcinoma arising from heterotopic gastric mucosa (HGM) is extremely rare [1, 2]. We describe a case of esophageal adenocarcinoma arising from HGM in the cervical esophagus that was treated with endoscopic submucosal dissection (ESD). A 58-year-old man found to have an esophageal tumor on endoscopy was referred to our hospital for further examination and treatment. Conventional endoscopy revealed circumferential HGM of the cervical esophagus and a 20-mm protruding lesion in the posterior wall. Poorly defined reddish mucosa surrounded the protruding lesion (► Fig. 1a). Spraying with indigo carmine visualized the flat lesion in the reddish mucosa, but the demarcation line was unclear (► Fig. 1b). Narrow-band imaging (NBI) revealed a clearly demarcated brownish area consistent with the reddish area (arrowheads). Magnifying NBI revealed villous and glandular structures of various sizes and a dense distribution of abnormal capillaries.

Histologically, tumor cells showed well-differentiated adenocarcinoma in the muscularis mucosa (► Fig. 2). Immunohistochemically, the tumor cells were positive for mucin (MUC) 2, MUC5AC, and MUC6. The estimated incidence of HGM of the esophagus is 0.75% – 11% based on endoscopic studies [3, 4]. Primary adenocarcinoma arising from HMG is rare and several cases of mucosal cancer have been reported [1, 2, 5]. The macroscopic appearance was protruding or polyloid in most cases [5]; therefore, adenocarcinoma should be suspected when a protrusion is identified in HGM in the esophagus.

Competing interests
None
The authors

Yasuhiro Oono1, 2, Shinmura Kensuke1, Yusuke Yoda1, Keisuke Hori1, Hiroaki Ikematsu1, Tomonori Yano1
1 Department of Gastroenterology and Endoscopy, National Cancer Center Hospital East, Chiba, Japan
2 Department of Internal Medicine, Tokyo Metropolitan Ebara Hospital, Tokyo, Japan

Corresponding author

Yasuhiro Oono, MD
Department of Gastroenterology and Endoscopy, National Cancer Center Hospital East, 6-5-1, Kashiwanoha, Kashiwa, Chiba 277-8577, Japan
Fax: +81-4-71346928
yohno@east.ncc.go.jp

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Video 1 Endoscopic submucosal dissection of cervical esophageal adenocarcinoma arising from heterotopic gastric mucosa.