Thoracic spine osteophyte causing dysphagia

Fig. 1 Polypoid lesion in the esophagus.

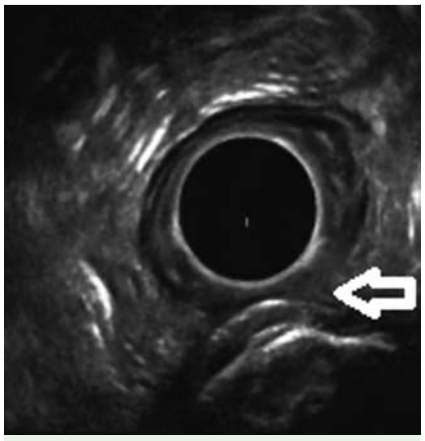

Fig. 2 Endoscopic ultrasonography showing erosion of posterior esophageal wall by vertebra (arrow).

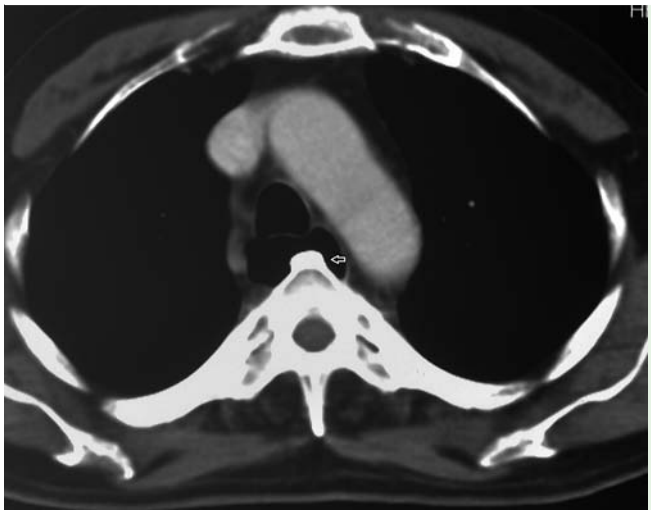

Fig. 3 Contrast-enhanced computed tomography showing erosion into the posterior esophageal wall by vertebra (arrow).

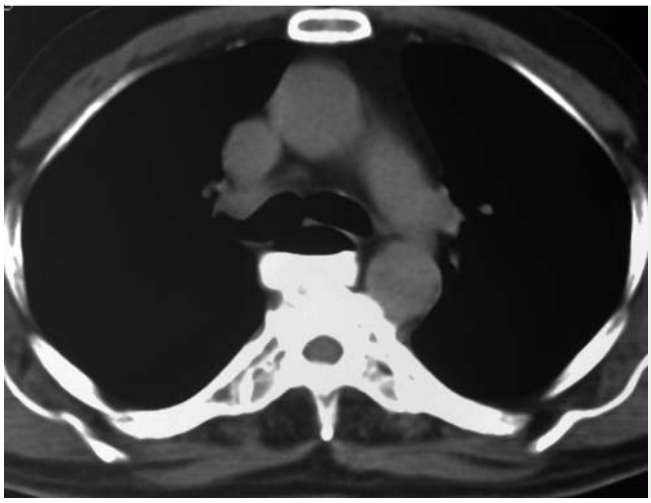

Fig. 4 Contrast-enhanced computed tomography with positive oral contrast in esophagus could not demonstrate the lesion in the posterior esophageal wall.

A 65-year-old man, a chronic smoker and alcoholic with a diagnosed adenocarcinoma of the antrum of the stomach, was being further investigated because of dysphagia; endoscopic examination at the referring center showed a polypoid lesion in the mid esophagus. Positron emission tomography (PET) revealed increased uptake of fluorodeoxyglucose in this esophageal lesion. The possibility of a metastasis to the esophagus from the gastric malignancy was considered. However, biopsy from the esophageal lesion revealed features of chronic inflammation. A repeat gastroscopy was done and a polypoid lesion was observed in the mid esophagus (**Fig. 1**). Histopathological examination of the biopsy specimen from this lesion again revealed features of chronic inflammation. Contrast-enhanced computed tomography (CECT) of the chest with intravenous and a positive oral contrast revealed a dilated esophagus.

Radial endoscopic ultrasound examination of the esophagus revealed that the vertebral column was eroding into the posterior esophageal wall at the site of the lesion noted on endoscopy (**Fig. 2**). A repeat chest CECT, this time without oral contrast, showed that an anterior osteophyte from the thoracic vertebra was eroding into the esophagus (**Fig. 3**). It had not been possible to diagnose it in the previous CECT as during that procedure positive oral contrast was given which obscured the vertebral erosion into the esophagus (**Fig. 4**). A barium esophagogram also documented indentation of the posterior wall of the esophagus by a thoracic vertebra (**Fig. 5**).

Anterior osteophytes can occasionally impinge on the anteriorly located esophagus and can cause dysphagia [1 – 4]. This commonly involves the hypopharynx or the cervical esophagus [1 – 4]. Involvement of the thoracic esophagus is very rare because the thoracic esophagus is a relatively mobile structure in the posterior mediastinum that can be displaced without being compressed [5].

Endoscopy_UCTN_Code_CCL_1AB_2AC_3AH

Competing interests: None

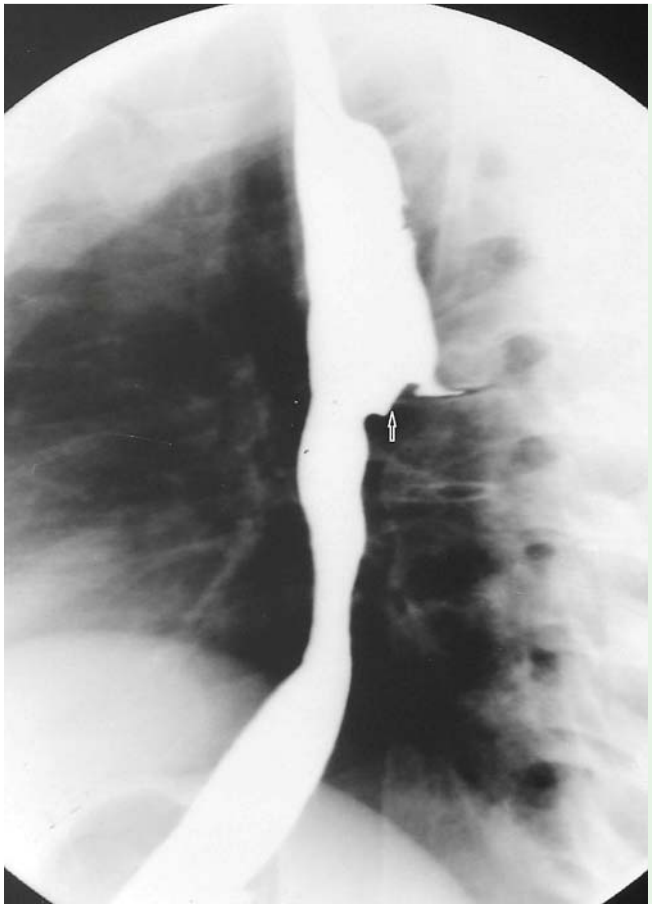

Fig. 5 Barium esophagogram showing posterior indentation of the esophagus by thoracic vertebra (arrow).

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Bibliography

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