A pseudosarcomatous lesion resembling a malignant tumor of the esophagocardiac junction, diagnosed by a total biopsy with endoscopic surgery

A pseudosarcomatous lesion is a benign lesion resembling sarcoma either clinically or histologically, which often leads to unnecessary or excessive treatments, including esophagectomy [1–3]. This report presents a case of a pseudosarcomatous lesion which was correctly diagnosed by a total biopsy with endoscopic submucosal dissection (ESD) [4].

A 60-year-old man was examined by esophagogastrscopy to screen the upper gastrointestinal tract. A 5-mm elevation with a thick white coating was detected in the lower esophagus (Fig. 1a). Narrow band imaging (NBI) [5] revealed petal-like clusters of regularly dilated capillaries through a crack in the white coating (Fig. 1b).

Histological examination of biopsy specimens showed dysplastic spindle cells with no immunoreactivity for epithelial or mesenchymal markers other than vimentin (Fig. 2a), thus suggesting spindle cell sarcoma. The lesion was not clinically consistent with a typical sarcoma, therefore ESD was performed to make a definitive diagnosis. Histological examination of the specimen showed granulation tissue with augmentations of vessels and spindle-shaped cells. Atypical-grade tissue tended to become less atypical in the deeper areas of the lesion (Fig. 2b, c), thus resulting in a final diagnosis of reactive inflammatory granuloma with no tumorous component.

This case suggests that a total biopsy by ESD, which can accurately control the depth of submucosal exfoliation under endoscopic view [4], is helpful for the diagnosis of sarcoma-like lesions, thereby avoiding excessive treatments including esophagectomy. From the 18 reported cases of esophageal pseudosarcomatous lesions (Table 1) [1–3, 6–9], a polypoid lesion with ulcers and reflux esophagitis is a typical endoscopic finding. The present case shows the characteristic NBI findings for a pseudosarcomatous lesion, which may be key for discrimination of pseudosarcomatous tissue from malignant lesions.

Fig. 1 Endoscopic image of the lesion using: a conventional colonoscopy; b narrow band imaging (NBI).

Fig. 2 Histological findings of: a biopsy specimen; b, c removed specimens (hematoxylin and eosin; × 40 and × 200 respectively).

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References


Table 1

<table>
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<th>Endoscopic Findings</th>
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<td>64</td>
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<td>Esophagus</td>
<td>Dysphagia</td>
<td>Ulcer with stricture</td>
<td>ND Carcinoma</td>
<td>Esophagectomy</td>
<td>Isaacson, 1982</td>
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<td>F</td>
<td>Esophagus</td>
<td>Dyspepsia</td>
<td>Ulcer ND</td>
<td>Suspicious for malignancy</td>
<td>Improved on treatment</td>
<td>Isaacson, 1982</td>
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<tr>
<td>75</td>
<td>M</td>
<td>ECJ</td>
<td>Epigastric pain</td>
<td>Necrotic lesion</td>
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<td>Polyp with patchy mucous exudate on surface and linear erosion at base</td>
<td>Reflux esophagitis Bizarre cells</td>
<td>Polypectomy</td>
<td>Moriyama, 2003</td>
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<td>70</td>
<td>M</td>
<td>ECJ</td>
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<td>Small polyp with erosion at site of recent esophagitis and linear erosion at oral side</td>
<td>Reflux esophagitis</td>
<td>None</td>
<td>Shekitka, 1990</td>
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</table>

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Bibliography
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