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 esophagogastroscopy to screen the upper gastrointestinal tract. A 5-mm elevation with a thick white coating was detected in the lower esophagus (Fig. 1 a). Narrow band imaging (NBI) [5] revealed petal-like clusters of regularly dilated capillaries through a crack in the white coating (Fig. 1 b). Histological examination of biopsy specimens showed dysplastic spindle cells with no immunoreactivity for epithelial or mesenchymal markers other than vimentin (Fig. 2 a), 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. 2 b, 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


Bibliography

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Table 1

<table>
<thead>
<tr>
<th>Age</th>
<th>Gender</th>
<th>Location</th>
<th>Symptom</th>
<th>Endoscopic findings</th>
<th>Diagnosis at biopsy</th>
<th>Treatment</th>
<th>Reference</th>
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<tbody>
<tr>
<td>64</td>
<td>F</td>
<td>Esophagus</td>
<td>Dysphagia</td>
<td>Ulcer with stricture</td>
<td>Carcinoma</td>
<td>Esophagectomy</td>
<td>Isaacson, 1982</td>
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<tr>
<td>52</td>
<td>F</td>
<td>Esophagus</td>
<td>Dysphagia</td>
<td>Ulcer</td>
<td>Suspicious for malignancy</td>
<td>Improved on treatment</td>
<td>Isaacson, 1982</td>
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<td>75</td>
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<td>Esophagus</td>
<td>Dysphagia</td>
<td>Ulcer</td>
<td>Suspicious for malignancy</td>
<td>Polypectomy</td>
<td>Dirschmid, 1983</td>
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<tr>
<td>57</td>
<td>M</td>
<td>ECJ</td>
<td>Epigastric pain</td>
<td>Necrotic lesion</td>
<td>Gastrectomy</td>
<td>Suspicious for malignancy</td>
<td>Shekitka, 1990</td>
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<tr>
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<td>M</td>
<td>ECJ</td>
<td>Epigastric pain</td>
<td>Polypoid mass with ulceration</td>
<td>None</td>
<td>Polypectomy</td>
<td>Dirschmid, 1983</td>
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<tr>
<td>21</td>
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<td>Epigastric pain</td>
<td>Stricturing mass</td>
<td>None</td>
<td>Polypectomy</td>
<td>Dirschmid, 1983</td>
</tr>
<tr>
<td>59</td>
<td>M</td>
<td>ECJ</td>
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<td>Polyp</td>
<td>None</td>
<td>Endoscopic submucosal dissection</td>
<td>Present case</td>
</tr>
<tr>
<td>21</td>
<td>F</td>
<td>ECJ</td>
<td>Epigastric pain</td>
<td>Polyp with patchy mucous exudate on surface and linear erosion at base</td>
<td>Reflux esophagitis</td>
<td>Polypectomy</td>
<td>Moriyama, 2003</td>
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<tr>
<td>70</td>
<td>M</td>
<td>None</td>
<td>Small polypoid lesion with ulceration</td>
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<td>Polypectomy</td>
<td>Polypectomy</td>
<td>Wolf, 1988</td>
</tr>
<tr>
<td>60</td>
<td>M</td>
<td>None</td>
<td>Small polypoid lesion with linear erosion at oral side</td>
<td>Reflux esophagitis</td>
<td>Polypectomy</td>
<td>Endoscopic mucosal resection</td>
<td>Dirschmid, 1983</td>
</tr>
</tbody>
</table>

Note: F, female; M, male; ND, not described; ECJ, esophagocardiac junction.