

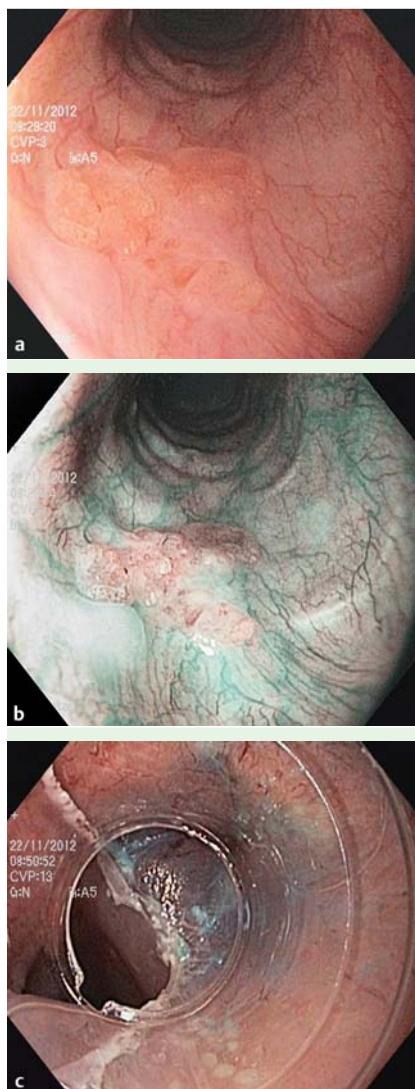
## Endoscopic resection of an adenocarcinoma occurring in ectopic gastric mucosa within the proximal esophagus

An 83-year-old man underwent esophago-gastroduodenoscopy (EGD) in an out-patient center because of symptoms of reflux. At endoscopy a slightly elevated type-IIa lesion was detected in the upper esophagus at 18 cm from the incisors (● Fig. 1 a, b). An adenocarcinoma of the esophagus was diagnosed by biopsies from the lesion, and the patient was referred to our endoscopy unit for further treatment.

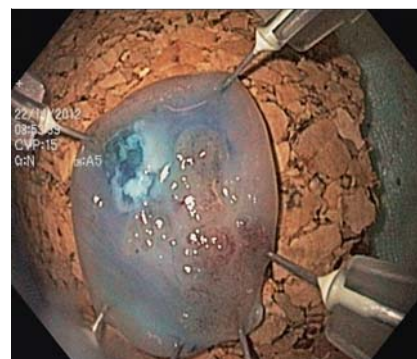
First the histopathological diagnosis of an adenocarcinoma in an area of heterotopic gastric mucosa was confirmed by a specialist pathologist and staging investigations were performed. It was then decided that we would carry out endoscopic resection of the lesion using the suck-and-cut method. Because of the extremely proximal location of the lesion, the intervention had to be carried out with the patient under general anesthesia in order to prevent aspiration should bleeding occur. We were able to remove the lesion en bloc (● Fig. 1 c and ● Fig. 2). The patient's course following the intervention was uneventful.

Histopathological analysis of the resected specimen revealed a well-differentiated adenocarcinoma of the mucosal layer, with involvement of a single lymphatic vessel (T1a [m-type], L1, V0, R0 [HM0, VM0], G2) in a small area of heterotopic gastric mucosa (● Fig. 3).

Adenocarcinoma of the proximal esophagus has been reported in only some 30 cases since 1950 [1,2]. In the majority of these cases, the patients had advanced tumors, so most of them were treated by esophagectomy, radiotherapy, and/or chemotherapy [1]. Only two previous cases of endoscopically treated early carcinoma of the proximal esophagus have been reported, by Pech et al. in 2001 and Hirayama et al. in 2003 [3,4]. In both cases, the lesion



**Fig. 1** Endoscopic views in an 83-year-old man with symptoms of reflux showing: **a** a slightly elevated lesion in the upper esophagus at 18 cm from the incisors using white-light endoscopy; **b** the same lesion using narrow band imaging; **c** the resection site following en bloc removal by endoscopic resection using the suck-and-cut method.



**Fig. 2** Macroscopic appearance of the resected specimen.

was removed endoscopically without side effects.

The present case illustrates the usefulness of well-established endoscopic mucosal resection techniques in the treatment of early adenocarcinoma in the proximal esophagus.

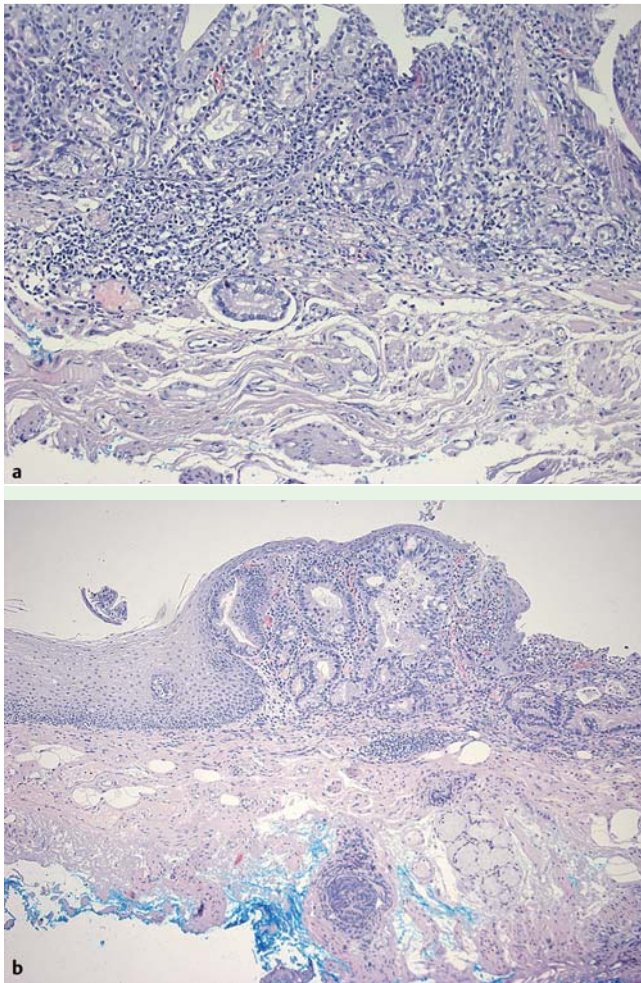
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**Competing interests:** None

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**Fig. 3** Microscopic appearance of the hematoxylin and eosin (H&E)-stained resected tissue showing: **a** the lateral margin of the resected tumor, a well-differentiated adenocarcinoma of the mucosal layer; **b** invasion into a lymphatic vessel, consistent with L1 staging.

## References

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## Bibliography

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