

Case Report

Esophageal squamous cell carcinoma presenting as submucosal lesion with repeatedly negative endoscopic biopsies

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Abstract

A 74-year-old male presented with dysphagia for 2 months. Computed tomography revealed irregular wall thickening of the esophagus at T3 to T5 level. He underwent gastroscopy which revealed a submucosal bulge with normal mucosa at 25 cm from incisors. Repeated biopsies were taken, all were negative for malignancy. The patient underwent endoscopic ultrasound, and fine-needle aspiration was taken which was suggestive for squamous cell carcinoma.

Key words

Dysphagia, endoscopic ultrasound fine-needle aspiration, squamous cell carcinoma

Introduction

This case had normal looking esophageal mucosa and repeatedly negative mucosal biopsies that make it extremely uncommon presentation. We established the importance of EUS guided fine needle aspiration of atypical submucosal lesions.

Case Report

A 74-year-old male presented with dysphagia for 2 months. He underwent computed tomography (CT) outside which revealed irregular wall thickening of the esophagus at T3 to T5 level. A gastroscopy was done outside which revealed a submucosal bulge with normal mucosa at 25 cm from incisors, and biopsies were taken which did not reveal malignancy. Endoscopic biopsies from bulge area were taken again; however, there was similar result. The patient was referred for endoscopic ultrasound (EUS). An endoscopy was done before EUS which revealed a submucosal lesion causing luminal narrowing for a

distance of 2–3 cm [Figure 1]. There was a linear ulcer below this lesion [Figure 2]. Endoscopic biopsies were taken from the area of submucosal bulge as well as ulcer, which revealed nonspecific inflammation, and there was no evidence of malignancy as well. EUS was done using GF-UCT140 linear echoendoscope (EUS scope, Olympus, Tokyo, Japan), which

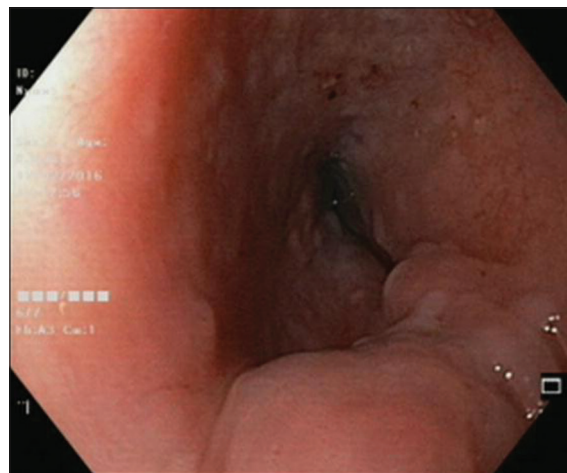


Figure 1: Endoscopy image showing submucosal lesion

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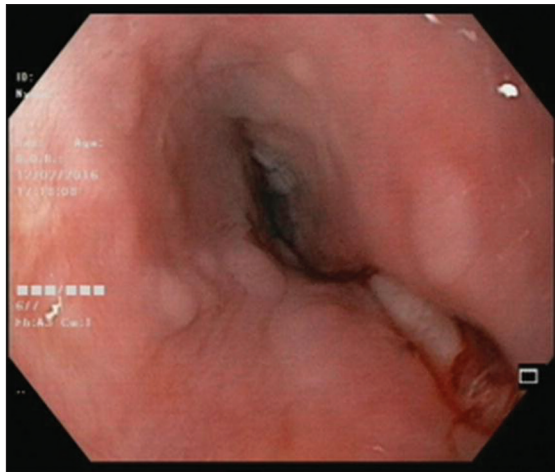


Figure 2: A linear ulcer below submucosal lesion

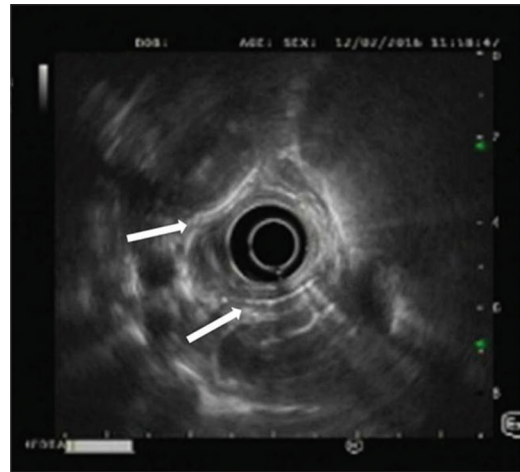


Figure 3: Radial endoscopic ultrasound image showing a lesion at 8–10 O'clock location, loss of wall layer pattern can be seen

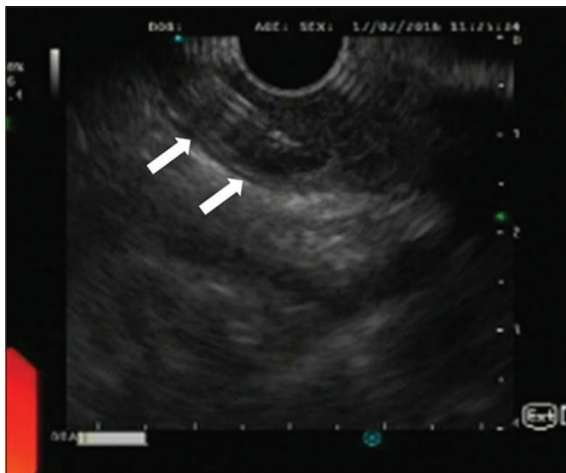


Figure 4: Linear endoscopic ultrasound shows a loss of wall layer pattern and thickened wall (layer 4 marked by white arrows), fine-needle aspiration needle can be seen

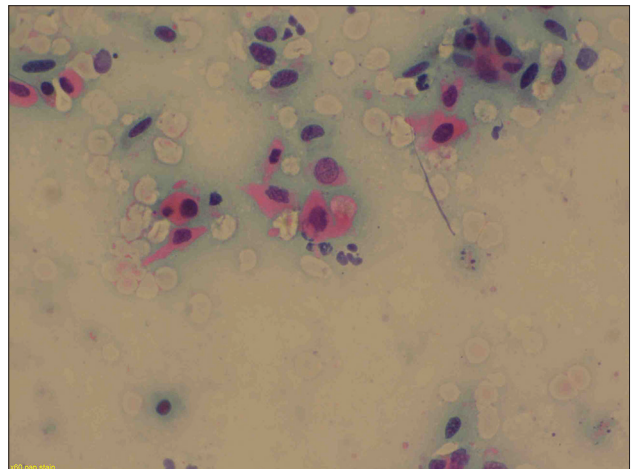


Figure 5: Malignant cells positive for keratin (orange color, PAP stain, 60 times magnification)

revealed 1.8 cm × 1.5 cm sized hypoechoic lesion arising from the second layer with a loss of wall layer pattern from deeper layers [Figures 3 and 4]. It was involving the fourth layer of the esophagus. The lesion was T2N0. EUS-guided fine-needle aspiration was taken with 22-G needle (2 passes) from submucosal lesion. Cytopathological report showed sheets and clusters of dysplastic cells resembling squamous cells; stain for keratin was positive [Figure 5]. A diagnosis of squamous cell carcinoma of the esophagus was made. CT of the chest and abdomen was done which does not reveal any metastasis.

Squamous cell carcinoma is common esophageal malignancy and one of the most common malignancies around the world.^[1] There is a single case report of metastatic esophageal squamous cell carcinoma presenting as submucosal gastric lesion.^[2] A varicoid variety of esophageal carcinoma has been reported; however, mucosa remains abnormal in such cases, and diagnosis can be made by endoscopic biopsies.^[3] The present case had normal looking mucosa and

repeatedly negative mucosal biopsies that make it extremely uncommon presentation. Our report shows the importance of EUS-guided fine-needle aspiration of atypical submucosal lesions.

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Nil.

Conflicts of interest

There are no conflicts of interest.

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