

Squamous esophageal carcinoma of a young female adult

**Wolniczak E, March C*,
Croner RS, Medenwald D**,
Meyer F**

Dept. of General, Abdominal, Vascular & Transplant Surgery.

* Dept. of Radiology & Nuclear Medicine

** Dept. of Radiation Therapy

University Hospital; Magdeburg, GERMANY

CONTACT: Prof. Dr. Frank Meyer
f.meyer@med.ovgu.de

ABSTRACT (I)

Introduction: Squamous esophageal carcinoma of the young adult can be considered a rare tumor manifestation.
Aim: To illustrate the interesting and newsworthy case of a young female patient with squamous esophageal cancer as a rare tumor manifestation
Material & methods: Scientific case report
Results (case description):
Medical Hx: - Current: Dysphagia
Diagnostic measures: - Esophagogastroduodenoscopy: tumor lesion extending from 22 to 38 cm from row of teeth
- Thoracic/Abdominal CT scan
Decision-making (tumor board conference): Neoadjuvant radiochemotherapy (derived from CROSS protocol with 41.4 Gy and 5 cycles of chemotherapy with Paclitaxel 50 mg/m² and Carboplatin AUC2 as well as subsequent resection within the 6-weeks interval

ABSTRACT – INTRODUCTION – CASE DESCRIPTION – DISCUSSION – RESUMÉ – LITERATURE

ABSTRACT (II)

Diagnosis: Squamous esophageal carcinoma (ypT3 pN0 M0 L0 V0 R0 G1) of the middle and lower third (22-38 cm from row teeth)
Differential diagnosis: Adeno-carcinoma of the esophagus, achalasia
Secondary diagnosis: - Mixed collagenosis
- Liver hemangiomas within the segment III and the right hepatic lobe
Surgical interventions: Thoracoabdominal esophagus resection with thoracic transposition of the stomach and esophagogastrotomy as well as pyloromyotomy (in a different hospital)
Course: - Leukopenia (approximately 2.6 [SI]) during radiochemotherapy
- 3-yr interval: Lobectomy of the right upper lobe
- After 5 yr: i.v. port explantation due to infection with recurrent fever attacks
Follow up: Adequate control investigations in a different hospital, currently, no hint for tumor recurrency
Conclusion: Despite the untypically young age, which does not exclude completely the manifestation of a squamous esophageal carcinoma, the same established treatment principles and modes are pursued (with limited experiences due to the rare manifestation), which resulted in a 7-yr-survival.

ABSTRACT – INTRODUCTION – CASE DESCRIPTION – DISCUSSION – RESUMÉ – LITERATURE

INTRODUCTION & AIM

Background: Esophageal Ca within young age can be considered a challenging differential diagnosis of daily clinical practice.

Method: Scientific case report

As follows, an interesting & rarely described case of a young female adult is to be illustrated, in whom a squamous cell Ca of the esophagus was diagnosed.

ABSTRACT – INTRODUCTION – CASE DESCRIPTION – DISCUSSION – RESUMÉ – LITERATURE

AIM

Illustration of a rare case constellation with an uncommon esophageal Ca manifestation
... By means of a scientific "case report"
- with a representative case description
- the very rare case of a Ca entity at the esophagus (and)
based on:
- selected references from the medical scientific literature (as well as)
- own clinical case-specific experiences obtained in the clinical management.
Medical history:
Symptomatology:
Finding:
Diagnostic: (&)
Therapy: (plus)
Outcome: (as well as)
Follow up-associated aspects
of a very concrete female case (&)
in general on the differential diagnosis is to be illustrated.

ABSTRACT – INTRODUCTION – CASE DESCRIPTION – DISCUSSION – RESUMÉ – LITERATURE

CASE

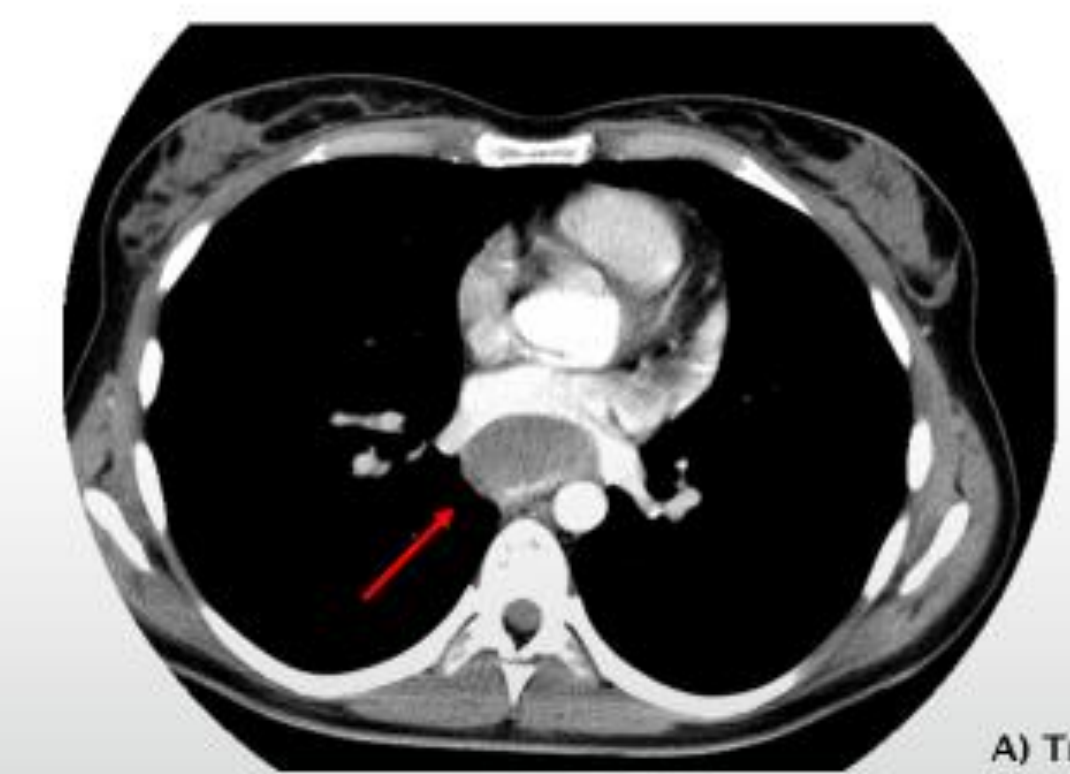
(Medical history, symptomatology, finding, therapy, outcome- & follow up-related case-specific aspects)

Medical history:
- **Current:** Dysphagia with dumpling feeling within the throat & heartburn
- **Social:** Lives with her partner, 3-years old son, secondary school degree, Shipping clerk
Currently, disability pension
- **Family:** Grand parents from mother's side - Diabetes mellitus type II, Grand mother from father's side - Parkinson's disease, Lupus
Previous medication: Cortison 4 mg 1-0-0, Pantoprazol 40 mg if needed
No allergies
Diagnostics: - Esophagogastroduodenoscopy:
Tumor-like lesion - 22-38 cm from the row of teeth uT4b, histologically diagnosed, moderately differentiated squamous cell Ca
- CT-scan of thorax & abdomen

ABSTRACT – INTRODUCTION – CASE DESCRIPTION – DISCUSSION – RESUMÉ – LITERATURE

CASE DESCRIPTION (IIa) Imaging

Initial finding of imaging:



A) Transversal CT scan

ABSTRACT – INTRODUCTION – CASE DESCRIPTION – DISCUSSION – RESUMÉ – LITERATURE

CASE DESCRIPTION (IIb) Imaging

Initial finding of imaging:

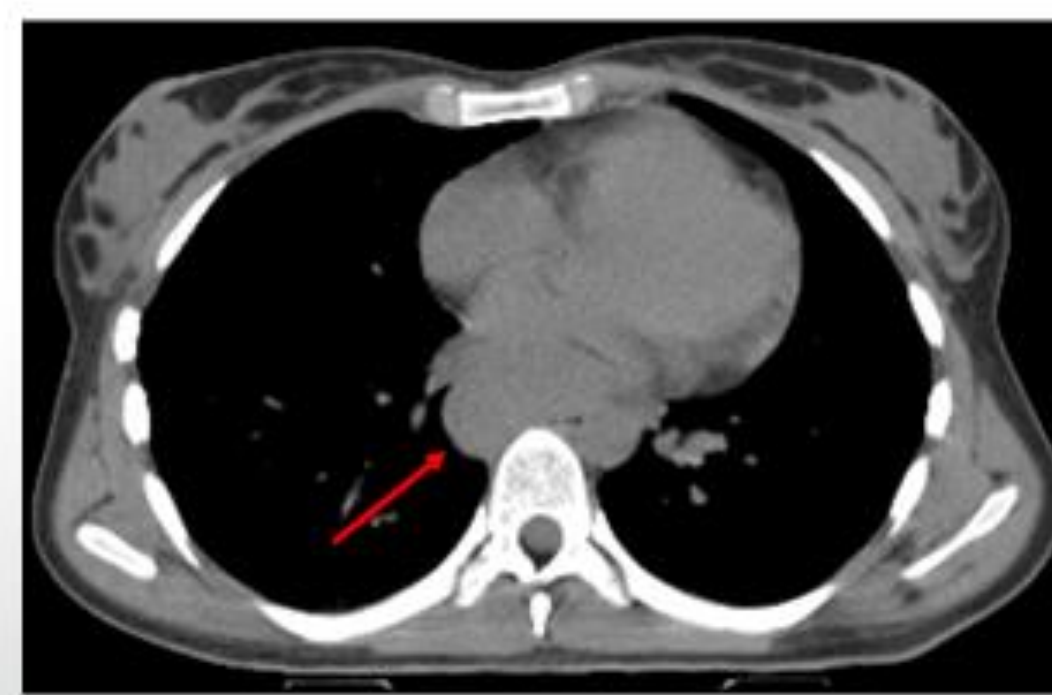


B) Sagittal CT scan

ABSTRACT – INTRODUCTION – CASE DESCRIPTION – DISCUSSION – RESUMÉ – LITERATURE

CASE DESCRIPTION (IIc) Imaging

C) Imaging for planning of radiation therapy



-> As far as it can be assessed, there was a tumor progression

ABSTRACT – INTRODUCTION – CASE DESCRIPTION – DISCUSSION – RESUMÉ – LITERATURE

CASE DESCRIPTION (III)

Decision-making (Tumor board): Neoadjuvant radio-chemoTx (according to the CROSS protocol with 41.4 Gy & 5 cycles chemoTx with Paclitaxel 50 mg/m² & Carboplatin AUC2) as well as subsequent resection within a 6-weeks interval as a minimum
Diagnosis: Squamous cell Ca of the esophagus
- ypT3 pN0 M0 L0 V0 R0 G1
- Middle & lower third (22-38 cm from row of teeth)

Differential diagnosis: Adeno-Ca of the esophagus, achalasia
Additional diagnoses: - Mixed connective tissue disease
- Liver hemangioma in segment III & right lobe

ABSTRACT – INTRODUCTION – CASE DESCRIPTION – DISCUSSION – RESUMÉ – LITERATURE

CASE DESCRIPTION (IV)

Course: Leukopenia (appr. 2.6 - SI) during radio-chemoTx with no further complications
Operation: Cervico-abdominal esophagus resection with lymphadenectomy & esophagogastrotomy as well as pyloromyotomy
One episode of increased inflammatory parameters - postoperative course not significant for further complications

ABSTRACT – INTRODUCTION – CASE DESCRIPTION – DISCUSSION – RESUMÉ – LITERATURE

CASE DESCRIPTION (V)

Histology: - Well differentiated, cornifying squamous cell Ca with infiltration of the adventitia
- Moderate tumor regression (30 % residual Tu lesion)
- G1, ypT3, L0, V0, ypN0 (0/12), R0 (local)
- Severe overexpression of p16 -> high-grade HPV
- Molecularpathology, HPV-16 - positive
-> HPV-associated tumor lesion

ABSTRACT – INTRODUCTION – CASE DESCRIPTION – DISCUSSION – RESUMÉ – LITERATURE

CASE DESCRIPTION (VI)

Follow up:
- 3-years interval: Lobectomy of the right upper lobe based on a squamous cell Ca
- After 5 years: i.v. port-a-cath explantation due to infection w/ fever
- Adequate tumor follow-up in a regional hospital
- Currently, there is no hint for recurrent tumor growth

ABSTRACT – INTRODUCTION – CASE DESCRIPTION – DISCUSSION – RESUMÉ – LITERATURE

DISCUSSION

- Despite an untypically young age, which does not completely exclude manifestation of a squamous cell Ca of the esophagus, the established treatment basics need to be used (however, with limited experiences due to the rarely appearing disease in this age, which led to a 7-year survival.
- A stepwise establishing minimally invasive to a roboter-assisted approach may provide further progress even for the postoperative course & functional alterations.
- Histologically, HPV association was detected. This prompted to an appropriate vaccination.

ABSTRACT – INTRODUCTION – CASE DESCRIPTION – DISCUSSION – RESUMÉ – LITERATURE

RESUMÉ

The described case shows impressively the basic option that squamous cell Ca of the esophagus can also occur in young adults.
- Esophageal Ca of the young adult is really a rare Tu manifestation.
- The entity needs to be included in the differential diagnoses, which is of particular importance for radiological & endoscopic diagnostics.

ABSTRACT – INTRODUCTION – CASE DESCRIPTION – DISCUSSION – RESUMÉ – LITERATURE

ACKNOWLEDGEMENT

