

Palliative Options in Advanced Oesophageal Cancer.

A Case Report And Review Of The Literature.

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INTRODUCTION

Oesophageal cancer accounts for over 508,000 deaths globally, with oesophageal squamous cell carcinoma (SCC) being the most common subtype in East Asia. In Malaysia, many oesophageal cancer patients present with advanced disease, necessitating comprehensive palliative care to support their physical, emotional, and spiritual needs.

CASE REPORT

A 51-year-old man with hypertension and Type II Diabetes Mellitus presented with progressive dysphagia. Esophagogastroduodenoscopy (OGDS) revealed a circumferential oesophageal lesion (Figure 1) diagnosed as moderately differentiated adenocarcinoma. Despite perioperative FLOT, he developed metastatic disease and was deemed palliative. To manage dysphagia, an anti-reflux oesophageal stent (Figure 2) was inserted. He experienced recurrent upper gastrointestinal bleeding, managed through radiotherapy and angioembolization (Figure 3 & 4), and was given palliative radiotherapy for pain and dysphagia. Nutritional support included Total Parenteral Nutrition (TPN) and enteral feeding via 2-channel enteral tube. Pain was managed with regular subcutaneous morphine 2.5mg every 6 hours.

DISCUSSION

Dysphagia
Over 70% of oesophageal cancer patients present with malignant dysphagia. Self-expandable metallic stents (SEMS) are often used for immediate relief. Palliative radiotherapy is an alternative, improving survival and quality of life.

Malnutrition
Malnutrition and cachexia are common in advanced cancer, leading to poor quality of life and decreased survival. Nutritional interventions are crucial and should be tailored to the patient's needs and preferences.

Pain
Pain management in oesophageal cancer involves a stepwise approach, starting with paracetamol for mild pain and opioids for moderate to severe pain. RT can provide localized pain relief from the primary tumor or metastasis.

Bleeding and Anaemia
Managing gastrointestinal bleeding in cancer patients requires a multidisciplinary approach. Endoscopic therapies and radiotherapy are common treatments, while angiography and arterial embolization can be used for severe cases.

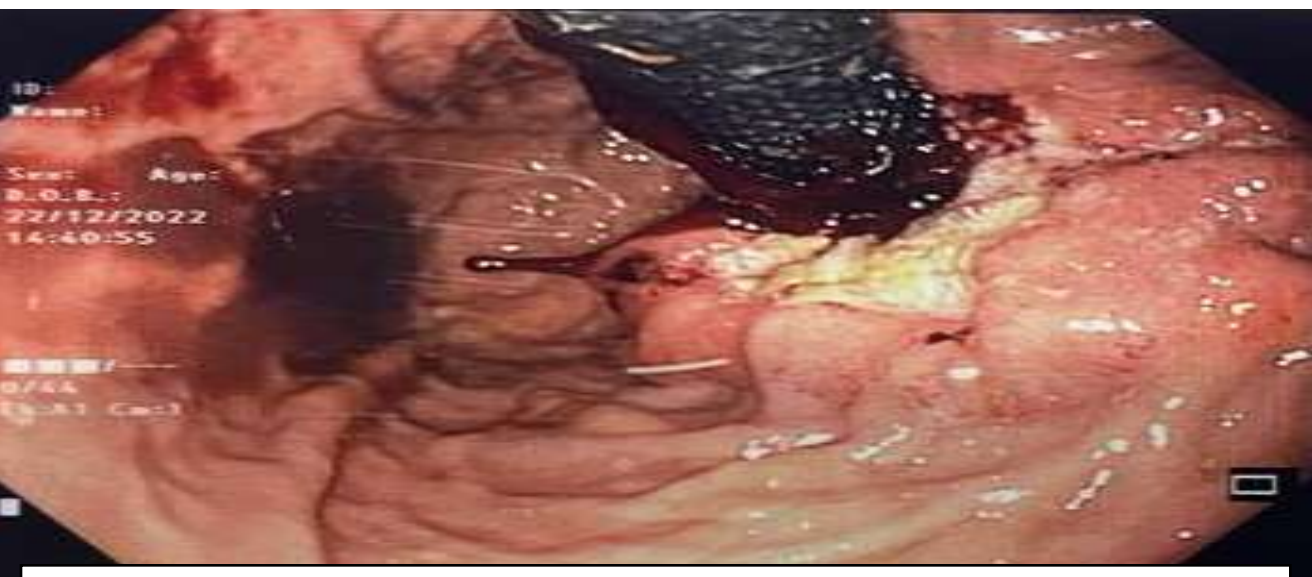


Figure 1: COJ Tumour Seen On Retroflexion

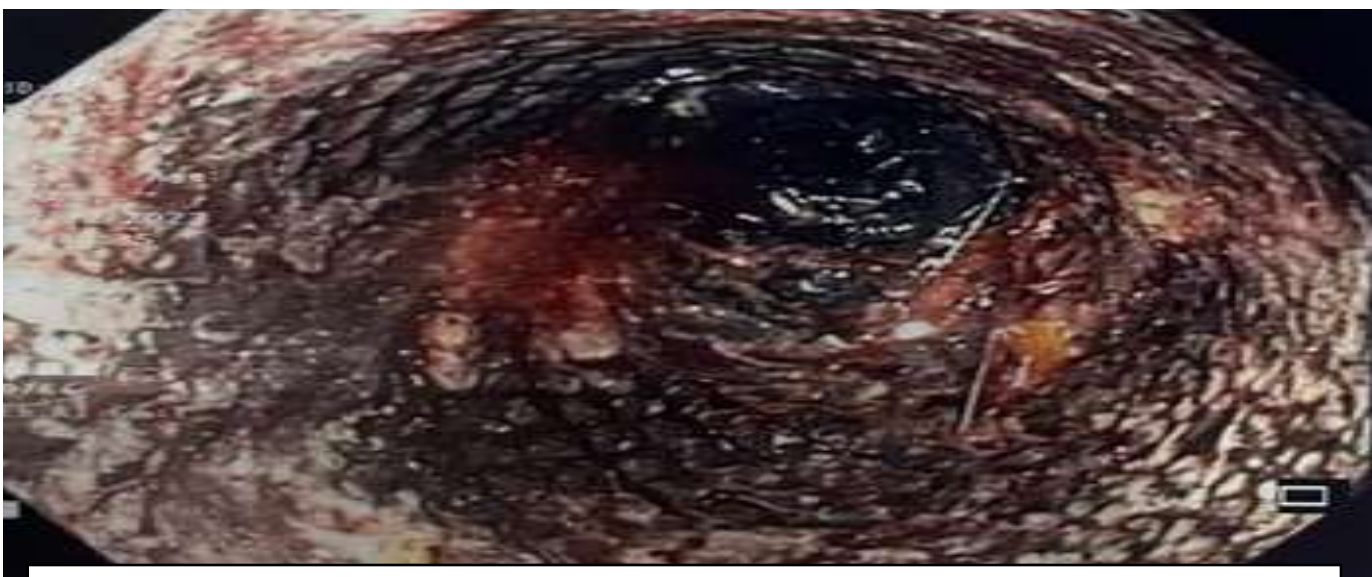


Figure 2: Fully Covered Anti-Reflux Oesophageal Stent

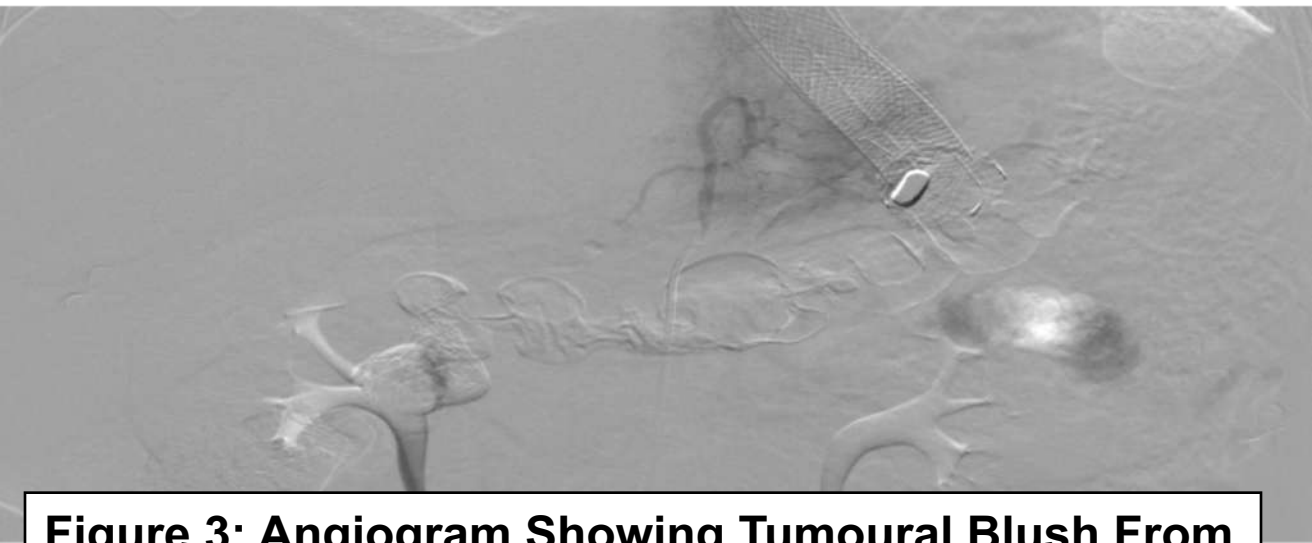


Figure 3: Angiogram Showing Tumoural Blush From Left Gastric Artery



Figure 4: Angiogram Showing Reduce Tumoural Blush Post Angioembolization

CONCLUSION

Advanced oesophageal cancer has a significant impact on patients' lives. A multidisciplinary approach to palliative care, including symptom management and nutritional support, can improve the quality of life for these patients.

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