Cervical esophageal adenocarcinoma arising from heterotopic gastric mucosa, treated with endoscopic submucosal dissection

A 58-year-old man found to have an esophageal tumor on endoscopy was referred to our hospital for further examination and treatment. Conventional endoscopy revealed circumferential HGM of the cervical esophagus and a 20-mm protruding lesion in the posterior wall. Indigo carmine spraying revealed a flat lesion in the reddish mucosa, but the demarcation line was unclear. Narrow-band imaging (NBI) revealed a clearly demarcated brownish area consistent with the reddish area (arrowheads). Magnifying NBI revealed villous and glandular structures of various sizes and a dense distribution of abnormal capillaries.

Histologically, tumor cells showed well-differentiated adenocarcinoma in the muscularis mucosa. Immunohistochemically, the tumor cells were positive for mucin (MUC) 2, MUC5AC, and MUC6.

The estimated incidence of HGM of the esophagus is 0.75%–11% based on endoscopic studies [3, 4]. Primary adenocarcinoma arising from HGM is rare and several cases of mucosal cancer have been reported [1, 2, 5]. The macroscopic appearance was protruding or polypoid in most cases [5]; therefore, adenocarcinoma should be suspected when a protrusion is identified in HGM in the esophagus.

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Competing interests

None
The authors

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