Unusual case of a protruding mass in the esophagus successfully treated by endoscopic submucosal dissection

A 65-year-old man presented with a history of progressive dysphagia for 1 month. His physical examination and blood tests showed no abnormalities. He underwent upper gastrointestinal endoscopy three times, which showed a bulky protruding mass in the esophagus at 34–39 cm from the incisors (Fig. 1). Pathologic findings all revealed inflammatory hyperplasia of epithelial cells and subepithelial granulation tissue. A contrast-enhanced computed tomography (CT) scan showed an intraluminal mass in the lower esophagus (Fig. 2), with no evidence of mediastinal lymphadenopathy or any metastases in the chest or abdominal organs. After a multidisciplinary team discussion, we performed endoscopic submucosal dissection (ESD) (Video 1), and the lesion was successfully resected en bloc (Fig. 3).

Histopathology revealed malignant squamous cells on the surface and sarcoma-like spindle cells in the stroma (Fig. 4). The malignant squamous cells were well differentiated and invading the muscularis mucosa. The sarcoma-like components showed no significant dysplasia with only reactive fibroblastic proliferation and inflammatory granulocytic infiltration. Immunohistochemistry showed the squamous cells stained positively for cytokeratin and the stromal cells for vimentin. These findings are consistent with the general features of esophageal pseudosarcoma, which is a rare subtype of spindle cell carcinoma (SpCC) [1]. SpCC is characteristically a polypoid mass with intermingled spindle cell and squamous cell components [2]. Pseudosarcoma was identified by Lane as a sub-
The patient did not undergo further surgical resection or chemoradiotherapy owing to the early staging (T1aN0M0) of the tumor. Surveillance endoscopy after 6 months showed satisfactory wound healing and no residual or recurrent tumor (▶Fig. 5). To the best of our knowledge, this is the first reported case of a pseudosarcoma treated by ESD. ESD allows accurate evaluation of the tumor and can hopefully provide curative resection for early lesions.

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Competing interests

The authors declare that they have no conflict of interest.

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