Endoscopic submucosal dissection of poorly differentiated carcinoma mimicking adenoid-cystic carcinoma of the esophagus

A 71-year-old man with a history of cryptogenic cirrhosis and hepatocellular carcinoma treated with radiofrequency ablation therapy underwent esophagogastroduodenoscopy (EGD) to evaluate portal hypertension. EGD showed a flat elevated lesion of 15 mm with a mild central depression (Fig. 1) and hard consistency on biopsy sampling in the middle esophagus. No esophageal varices were found. The initial histological examination was compatible with adenoid cystic carcinoma with a solid pattern.

Adenoid cystic carcinoma is a malignant epithelial tumor arising in the submucosal glands, commonly in the salivary glands and upper respiratory tract. It occurs extremely rarely in the esophagus, where its behavior is biologically aggressive [1]. However, endoscopic ultrasound (EUS) showed a lesion limited to the mucosal layer (Fig. 2). Staging was performed with an 18F-fluorodeoxyglucose positron emission tomography/computed tomography: uptake only in the middle tract of the esophagus (standardized uptake value 3.3) (Fig. 3), which showed only uptake in the middle tract of the esophagus.

Owing to the comorbidities, the patient was judged unsuitable for surgery. Therefore, an en bloc resection (Fig. 4) was performed by endoscopic submucosal dissection.

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E-Videos

Fig. 1 Esophagogastroduodenoscopy showed a flat elevated lesion of 15 mm with a mild central depression in the middle esophagus.

Fig. 2 Endoscopic ultrasound showed the lesion was limited to the mucosal layer.

Fig. 3 Staging of the tumor performed with an 18F-fluorodeoxyglucose positron emission tomography/computed tomography: uptake only in the middle tract of the esophagus (standardized uptake value 3.3).

Fig. 4 En bloc resection was performed by endoscopic submucosal dissection.
was performed by endoscopic submucosal dissection (ESD) (▶ Video 1). The definitive histological evaluation showed a poorly differentiated carcinoma with prevalent adenoid-cystic and focal basaloïd features (▶ Fig. 5). The subsequent multidisciplinary evaluation of the case considered only close radiological and endoscopic follow-up indicated. Endoscopic control at 6 months showed the presence of a regular scar at the site of the previous ESD, with no signs of residual or disease recurrence. At the same time, EUS and CT scan ruled out signs of disease recurrence or metastasis.

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Competing interests

The authors declare that they have no conflict of interest.

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