Adenoid cystic carcinoma of the esophagus is a rare tumor and difficult to detect early [1, 2]. Esophageal squamous cell carcinoma (ESCC) has a characteristic magnifying endoscopic appearance [3]. However, adenoid cystic carcinoma of the esophagus can have atypical endoscopic features.

An 84-year-old man underwent esophagogastroduodenoscopy (EGD) owing to retrosternal discomfort. EGD showed a flat (0-IIb) and slightly reddish lesion of 15 × 20 mm in the middle esophagus (▶ Fig. 1a). The lesion appeared as a brownish area on narrow-band imaging (NBI) endoscopy (▶ Fig. 1b,c). Endoscopic ultrasound (EUS) revealed the lesion primarily involved the mucosal layer of the esophagus with a hypoechoic area (▶ Fig. 1d). NBI magnification revealed that the intrapapillary capillary loop pattern appeared to be type B1 (▶ Fig. 2, ▶ Video 1) based on the magnifying endoscopic classification of the Japan Esophageal Society. But near the anal area of this 2 × 2-mm lesion, the loop pattern appeared irregular and of the fine reticular (R) type (▶ Fig. 2b) (red arrow). The endoscopic diagnosis was ESCC and the depth was mainly T1a-EP or T1a-LPM. Biopsy pathology suggested a high grade intraepithelial neoplasia (HGIN). This patient was eligible for endoscopic therapy. Therefore, an en bloc resection was performed by endoscopic submucosal dissection (ESD) (▶ Fig. 3a–f). From the second to eighth tissue strips, hematoxylin and eosin (H&E) stain showed HGIN with focally invasive SCC in the lamina propria (▶ Fig. 3g) (blue circle). In the sixth strip, there are epithelioid cells arranged in a cribriform, tubular and solid architecture, which have no relation to the surface squamous epithelium and are restricted to the lamina propria (▶ Fig. 4a–c). Immunohistochemical analysis showed that these abnormally arranged epithelioid cells were positive for P40, SOX-10 and
CD117, which was diagnosed as adenoid cystic carcinoma (▶Fig. 4d, e, f). The pathological diagnosis was: (1) ESCC,0-I I b , p T 1 a ( L P M ) , l y ( - ) , v ( - ) , H M 0 , V M 0 , p R 0 , 14 × 16 mm (in 27× 35 mm); (2) EACC,0-IIb, pT1a(MM), ly(-), v(-), HM0, VM0, pR0, 2× 2 mm (in 27× 35 mm) (▶Fig. 5). Endoscopic control at 6 months showed the presence of a regular scar with no signs of residual disease or recurrence. Adenoid cystic carcinoma of the esophagus lacked a typical magnifying endoscopic appearance. R-type vessels can be atypical magnifying endoscopic features that help us to detect lesions early [4–5].

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Competing interests

The authors declare that they have no conflict of interest.

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References


Fig. 3 Intraoperative endoscopy, postoperative specimen and hematoxylin and eosin (H&E) stain.
Fig. 4 H&E stain and immunostaining of the 6th tissue strips in resected specimen.

Fig. 5 The specimen (Lugol stain) showing invasion depth of cancer on serial section (color code).

Bibliography

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