A 58-year-old woman with a longstanding history of panhypopituitarism necessitating hydrocortisone and levothyroxine supplementation underwent upper endoscopy because of heartburn, and an esophageal submucosal lesion was detected. Surface biopsies were normal.

Upper endoscopy was repeated at our institution and a 1-cm red-hued submucosal polypoid lesion was noted at 28 cm from the incisors (Fig. 1).

Endoscopic ultrasonography (EUS) was performed with an Olympus 3R 20-MHz ultrasound probe (Olympus, Melville, New York, USA) (Fig. 2).

The lesion was demarcated in the deep mucosa and submucosa as a homogenous hypoechoic entity without definite muscularis propria invasion. Endoscopic mucosal resection (EMR) was performed utilizing a small submucosal cushion of saline injected by a sclerotherapy needle and a 13-mm snare. The lesion was removed via snare electrocautery. Pathological analysis demonstrated a submucosal neoplasm composed of tumor cells arranged in sheets, glands, and trabeculae without mitoses (Fig. 3).

Immunohistochemical studies demonstrated positivity for synaptophysin and chromogranin, suggestive of an esophageal carcinoid (Figs. 4, 5).

Two weeks after the procedure the patient was contacted and reported no complaints.

Endoscopy 2 months later demonstrated mucosal scarring without residual lesion and surface and “tunnel” biopsies did not reveal any abnormalities. CT imaging of
the thorax and octreotide nuclear scan were also within normal limits. Esophageal carcinoids typically arise from the mucosal lamina propria or the submucosa [1,2]. EUS has proven utility in staging and interventional planning (endoscopy or surgery) for gastrointestinal neuroendocrine tumors, and EMR has a solid track record in removal of superficial lesions of the gastrointestinal tract [3,4]. Conceivably, use of a ligation band at the lesion base would increase the ease and safety of EMR, and this has been utilized for Barrett’s dysplasia and rectal carcinoid resections [5]. Esophageal carcinoid among other esophageal submucosal lesions will be identified because of utilization of esophagogastrroduodenoscopy and perhaps EUS for gastroesophageal reflux disease and other common entities.

Competing interests: None

Endoscopy_UCTN_Code_TTT_1AO_2AG

J. P. Babich¹, J. Klein², P. Khullar², D. M. Friedel¹

¹ Division of Gastroenterology, Hepatology and Nutrition, Winthrop University Hospital, Mineola, New York, USA
² Department of Pathology, Winthrop University Hospital, Mineola, New York, USA

References

5 Mashimo Y, Matsuda T, Uraoka T, Suito Y et al. Endoscopic submucosal resection with ligation device is an effective and safe treatment for carcinoid tumors in the lower rectum. J Gastroenterol Hepatol 2008; 23: 218–221

Bibliography

Endoscopy 2010; 42: E302–E303
© Georg Thieme Verlag KG Stuttgart · New York · ISSN 0013-726X

Corresponding author
J. P. Babich, MD
Division of Gastroenterology, Hepatology and Nutrition
Winthrop University Hospital
222 Station Plaza North Suite 428
Mineola
New York 11501
USA
Fax: +1-516-663-4655
jpbabich@gmail.com

Fig. 5 Chromogranin immunostain.