A 65-year-old man, a chronic smoker and alcoholic with a diagnosed adenocarcinoma of the antrum of the stomach, was being further investigated because of dysphagia; endoscopic examination at the referring center showed a polypoid lesion in the mid esophagus. Positron emission tomography (PET) revealed increased uptake of fluorodeoxyglucose in this esophageal lesion. The possibility of a metastasis to the esophagus from the gastric malignancy was considered. However, biopsy from the esophageal lesion revealed features of chronic inflammation. A repeat gastroscopy was done and a polypoid lesion was observed in the mid esophagus (Fig. 1). Histopathological examination of the biopsy specimen from this lesion again revealed features of chronic inflammation. Contrast-enhanced computed tomography (CECT) of the chest with intravenous and a positive oral contrast revealed a dilated esophagus. Radial endoscopic ultrasound examination of the esophagus revealed that the vertebral column was eroding into the posterior esophageal wall at the site of the lesion noted on endoscopy (Fig. 2). A repeat chest CECT, this time without oral contrast, showed that an anterior osteophyte from the thoracic vertebra was eroding into the esophagus (Fig. 3). It had not been possible to diagnose it in the previous CECT as during that procedure positive oral contrast was given which obscured the vertebral erosion into the esophagus (Fig. 4). A barium esophagogram also documented indentation of the posterior wall of the esophagus by a thoracic vertebra (Fig. 5).

Anterior osteophytes can occasionally impinge on the anteriorly located esophagus and can cause dysphagia [1–4]. This commonly involves the hypopharynx or the cervical esophagus [1–4]. Involvement of the thoracic esophagus is very rare because the thoracic esophagus is a relatively mobile structure in the posterior mediastinum that can be displaced without being compressed [5].

Competing interests: None
Fig. 5  Barium esophagogram showing posterior indentation of the esophagus by thoracic vertebra (arrow).

S. S. Rana¹, D. K. Bhasin¹, C. Rao¹, R. Gupta¹, B. Nagi¹, K. Singh¹
¹ Department of Gastroenterology, Postgraduate Institute of Medical Education and Research, Chandigarh, India
² Department of Surgery, Postgraduate Institute of Medical Education and Research, Chandigarh, India

References
2 Resnick D, Shaul SR, Robins JM. Diffuse idiopathic skeletal hyperostosis (DISH); Forestier’s disease with extraspinal manifestations. Radiology 1975; 115: 513–524

Bibliography
DOI http://dx.doi.org/10.1055/s-0031-1291501
Endoscopy 2012; 44: E19–E20
© Georg Thieme Verlag KG
Stuttgart · New York
ISSN 0013-726X

Corresponding author
S. S. Rana, MD
Department of Gastroenterology
Postgraduate Institute of Medical Education and Research (PGIMER)
Chandigarh
160012 India
Fax: 91-172-2744401
drsurinderrana@yahoo.co.in
sonalisurinder@yahoo.co.in