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Carcinoma Of Gastro-Oesophageal Junction

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Abstract:

Introduction: Cancer starts when cells in the body begin to grow out of control. Esophageal Dysplasia: dysplasia is a pre-cancerous condition in which the cells lining the inside of the esophagus look abnormal when seen under a microscope.

Treatment of esophageal cancer varies by disease Stage.

Clinical Examination: Histopathology, Microscopy Section shows tissue fragments lined, Gastro_Duodenoscopy, USG, Abdomen, Pelvis, Complete Blood Count

Discussion: Esophageal cancer is the seventh leading cause of cancer death worldwide.

I. INTRODUCTION

Cancer starts when cells in the body begin to grow out of control. Cells in nearly any part of the body can become cancer, and can spread to other areas of the body.

The lower part of the esophagus that connects to the stomach is called the gastroesophageal.

Esophageal Dysplasia: dysplasia is a pre-cancerous condition in which the cells lining the inside of the esophagus look abnormal when seen under a microscope.

Cancer of the esophagus starts in the inner large layer (the mucosa) and grows outward.

Since two types of esophageal cancer:

- ✓ Squamous cell carcinoma
- ✓ Adenocarcinoma.

Tumors of the gastroesophageal junction (-GEJ) are classified as gastric cancers. However their natural behavior and their therapeutic modalities are similar to tumors of the esophagus.

The term gastro oesophageal junction (GOJ) cancer is used to describe cancers where the center of the tumor is less than 5 cm above or below where the oesophagus meets the stomach.

Esophageal cancer –Clinical features are Dysphagia, Anemia, wheight loss, Hoarseness, Aspiration pneumonia, odynophagia.

Current TNM classification is as follows

Stage IA	T1	NO	MO
Stage IB	T2	NO	MO
Stage IIA	T3	NO	MO
Stage IIB	T1,T2	N1	MO
Stage IIIA	T4a	NO	MO
	T3	N1	MO
	T1,T2	N2	MO
Stage IIIB	T3	N2	MO
Stage IIIC	T4a	N1,N2	MO
	T4b	Any T	MO
	Any T	N3	MO
Stage IV	Any T	Any N	M1

Table 1: Staging classification

Tis-Carcinoma in situ/high-grade dysplasia
T1-Lamina propria orsubmucosa
T1a-Lamina propria or muscularis mucosae
T1b-Submucosa
T2-Muscularis propria
T3-Adventitia
T4-Adjacent structures
T4a-pleura, pericardium, diaphragm
T4b-Other adjacent strctures
NO-NO regional lymph node metastasis
N1-1-2 regional lymph nodes
N2-3-6 regional lymph node

MO-No distant metastasis

M1-Distant metastasis

Treatment of esophageal cancer varies by disease Stage, as follows:

STAGE I: Consideration for endoscopic therapy.

STAGES II, III: Consideration for chemoradiation followed by surgery (Trimodality therapy).

STAGE IV: Chemotherapy or symptomatic and supportive care.

Esophageal lesions other than cancer can cause dysphagia. These include peptic strictures from gastroesophageal reflex and benign esophageal tumors.

II. CASE REPORT

A 26 old male was apparently normal 2 months back when he experienced loose stools 2-3 episodes/day for one week which was blood tinged that he started experiencing pain abdomen, insidious in onset, progressive present in the epigastric region. Dull aching type 2 pain.

III. CLINICAL EXAMINATION

Histopathology: Received multiple (6) tiny grey white tissue bits largest measuring 0.3*0.1 cms.

Microscopy: Section shows tissue fragments lined by stratified squamous epithelium with an underlying tumor having features of moderately differentiated squamous cell Carcinoma. Stroma shows mixed inflammatory cell infiltrate on Gastroesophageal junction.

Gastro-Duodenoscopy: carcinoma lower esophagus.

USG, Abdomen, Pelvis:

A polypoidal hyperchoic measuring 5.7*5.2*5.5 cms in size is noted in the epigastric region involving caudate lobe, segment 3 showing indistinct fat planes with the adjacement stomach, ? Hemangioma of liver,?? Neoplastic lesion.

Complete Blood Count:

Haemoglobin 10.9 (normal rang: 13.5-18mg/dl)

Total count 12200 (normal rang: 4000-11000cells/cmm).

Liver function test:

SGOT 3 (normal range: 16-63 IU/L)

SGPT 24 (normal range: 15-37 IU/L)

Alkaline phosphate (ALP) 201 (normal range: 46-116 IU/L)

Total Bilirubin 0.3 (normal range: 80-150 mg/dl)

Gama GT 138 (normal range: 15-85 IU/L)

IV. TREATMENT

Pre-operative Diagnosis: Carcinoma of Gastro-Oesophageal junction.

Post-operative Diagnosis: Carcinoma of gastro-oesophageal junction.

Operative procedure proposed: Feeding Jejunostomy.

Operative procedure executed: Fedding Jejunostomy.

V. DISCUSSION

Esophageal cancer is the seventh leading cause of cancer death worldwide. In some regions, such as areas of northern Iran, some areas of southern Russia, and northern China, the incidence of esophageal carcinoma may be as high as 800 cases per 100,000 population. Unlike in the United States, squamous cell carcinoma is responsible for 95% of all esophageal cancers worldwide.

VI. CONCLUSION

Treatment of Oesophageal Cancer is still a challenge however recent advances in surgery, endoscopic treatment and new therapeutic agents will hopefully improve prognosis.[7]

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