



IMAGE OF THE MONTH

An infectious etiology of esophageal cancer spreading from endemic to non-endemic areas



Una etiología infecciosa del cáncer de esófago que se propaga de zonas endémicas a no endémicas

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A 62-year-old man from a rural area in Brazil presented with progressively worsening dysphagia over 2 years. An upper gastrointestinal-endoscopy showed an enlargement of the esophagus and an infiltrative lesion located 25 cm from the upper incisor teeth (Fig. 1A). Biopsy revealed a squamous cell carcinoma (SCC) and serologic test for *Trypanosoma cruzi* was positive. Positron-emission tomography showed an increased glycolytic metabolism in a semicircular thickening of the esophageal left anterolateral wall (Fig. 1B and C). These findings were consistent with the diagnosis of locally-advanced SCC and Chagasic megaesophagus. A nasogastric feeding tube was fitted and chemotherapy (cisplatin/5-fluorouracil) was started. After 3 months, the

patient presented with progressive disease and eventually died due to recurrent pneumonia.

Chagas disease is a tropical disease caused by the protozoan *Trypanosoma cruzi*. It is transmitted to humans by *Triatominae* insects, found in rural areas of Latin America, Asia and Africa.¹ Migratory flows have spread the disease worldwide. The United States and Spain are the non-endemic countries with more cases.² Approximately 30% of infected individuals develop chronic stage disease. Gastrointestinal motor disorders, such as achalasia/megaesophagus, are a result of enteric nervous system injury caused by the protozoan.³ Among patients with Chagasic megaesophagus, an increased incidence of SCC is expected.

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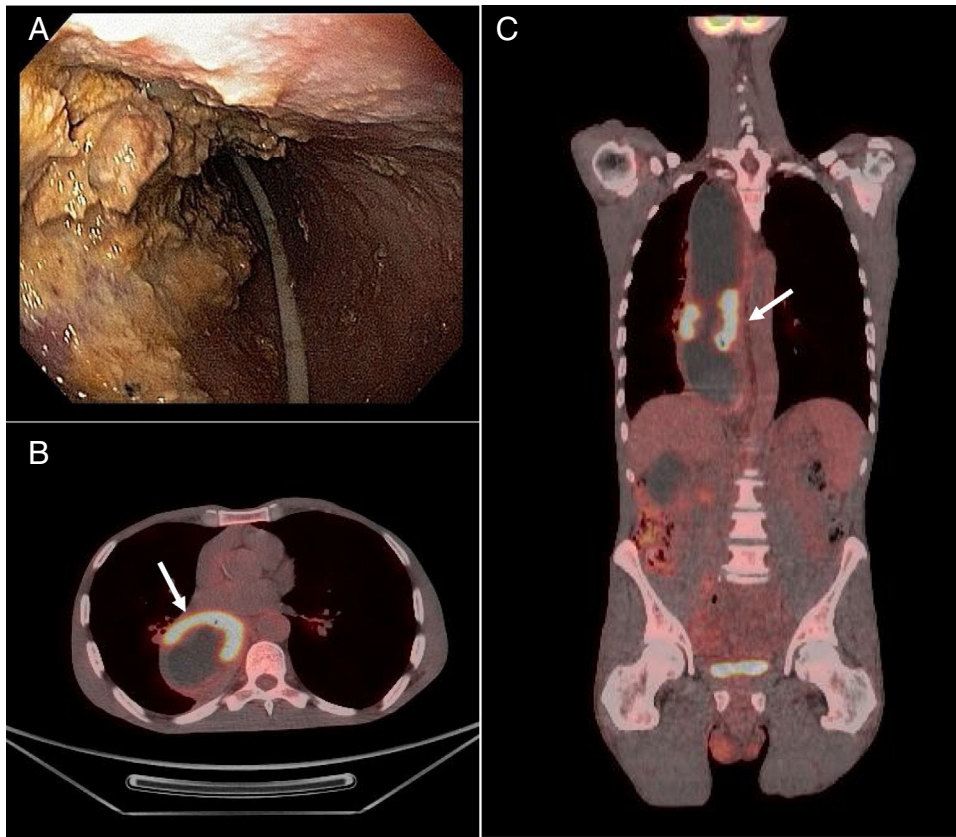


Figure 1

Conflict of interests

Da Fonseca, LG: lecture fees from Bayer and Roche.
Hashizume, PH: nothing to declare.

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