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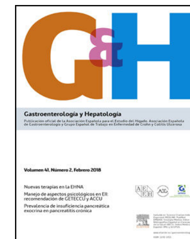

IMAGE OF THE MONTH

Stenosing oesophageal carcinoma diagnosed endoscopically by gastrostomy☆

Carcinoma esofágico estenosante diagnosticado endoscópicamente a través de ostomía gástrica

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Squamous cell carcinoma of the oesophagus accounts for 90% of oesophageal malignancies worldwide. The diagnosis is made by upper gastrointestinal endoscopy and is confirmed histologically from biopsy. Cases of endoscopy through gastrostomy are described in the literature for dilation of oesophageal stenoses.[1-3] However, we found no cases of oesophageal biopsy through gastrostomy.

Our patient was a 63-year-old male who had smoked since the age of 12 (cumulative amount of 70 pack-years). He had a planned upper gastrointestinal endoscopy for progressively worsening dysphagia over previous months. However, the investigation was incomplete, without visualizing underlying lesions, as it was impossible to cross the upper oesophageal sphincter.

As an extension study, the patient went on to have fibre-optic laryngoscopy, detecting left hemi-laryngeal paralysis; cervical-thoracic-abdominal CT, identifying a cervical oesophageal mass occupying the entire lumen; and PET/CT, which showed the tumour to be in intimate contact with left thyroid lobe, without distant spread.

In view of conventional upper gastrointestinal endoscopy being impossible and the difficult percutaneous approach with image-guided puncture, percutaneous gastrostomy was carried out under radiological technique and, once the fistula had matured, gastroscopy with ultrathin endoscope (EG16-K10) was performed through the gastrostomy (Fig. 1),

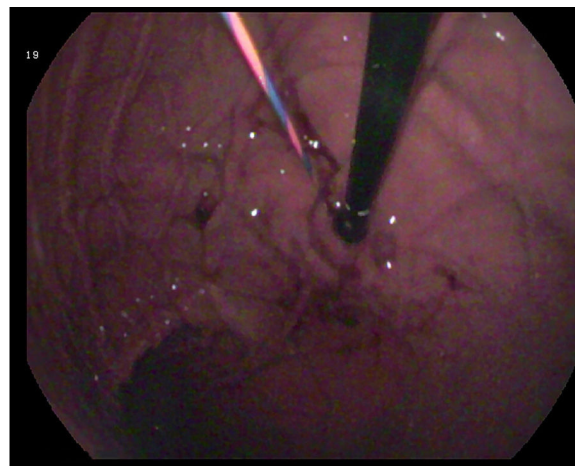

Figure 1 Retroflexion image of gastrostomy.

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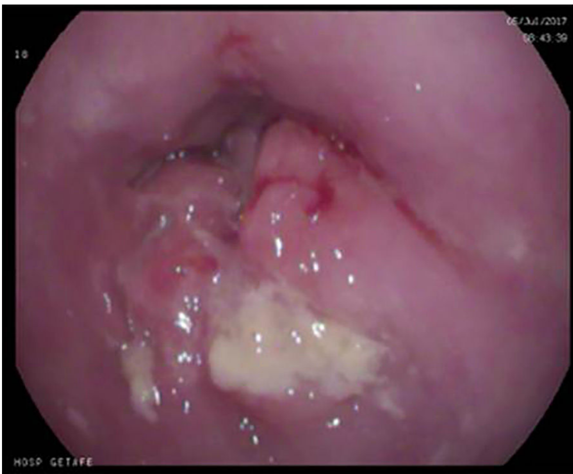

Figure 2 Distal view of stenosing neoplasm in the cervical oesophagus, seen by retrograde endoscopy (through gastrostomy).

accessing retrogradely from the cardia to the cervical oesophagus, where a large mass was found occupying the entire lumen. A biopsy was taken (Fig. 2).

The diagnosis of moderately differentiated and infiltrating squamous cell carcinoma was confirmed histologically. Treatment was started with radical chemoradiotherapy with curative intent.

Stenosing neoplasms in the cervical oesophagus which prevent oral feeding and conventional endoscopic diagnosis may benefit from gastrostomy and retrograde access to the oesophagus. The technique has no serious complications, either immediate or late, and helps provide histological confirmation.

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