A case of cervical esophageal adenocarcinoma arising from gastric inlet patch: A benign lesion with malignant potential

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Background

Esophageal adenocarcinoma is commonly localized to the distal third of the esophagus and is associated with long-standing acid reflux resulting in the characteristic metaplasia of Barrett esophagus. In contrast, adenocarcinoma in the proximal third of the esophagus without Barrett's metaplasia is extremely rare. A gastric inlet patch (GIP) is a lesion of ectopic gastric mucosa (EGM) usually found in the cervical esophagus and is considered an incidental finding. However, albeit rare, there is a risk of GIP malignant transformation.

Case Description

- A 50-year-old male with GERD presented with a 6-month history of progressive dysphagia and 20-pound weight loss.
- CT scan of the neck with contrast showed a heterogeneously enhancing ill-defined mass involving the cervical esophagus.
- Bronchoscopy was negative for bronchogenic cancer.
- Upper endoscopy showed a malignant stricture at 18 cm from the incisors and a gastric inlet patch adjacent to the stricture.
- The endoscope was downsized and the stricture was dilated and traversed. The Z-line was at 40 cm with Barrett's esophagus extending from 36 cm to 40 cm.
- Biopsies from the stricture showed reflux associated changes.
- Endoscopic ultrasound with fine needle aspiration and core biopsy showed a non-circumferential hypoechoic mass in the cervical esophagus 18 cm from the incisors extending to 20 cm.
- Biopsy findings were consistent with moderately differentiated adenocarcinoma.
- The patient was referred to oncology for further management.

Discussion

- Proximal esophageal adenocarcinoma is extremely rare, making up less than 1% of esophageal cancers.
- Case studies have been published associating gastric inlet patches and esophageal adenocarcinoma but the pathogenesis of malignant transformation remains unclear.
- There are no established screening guidelines for ectopic gastric mucosa.
- Esophagectomy, chemotherapy, and chemoradiation, alone or in combination, have been described as management options for proximal EAC.
- Our case re-emphasizes careful examination of EGM and to consider biopsy if there is a high index of suspicion for malignant transformation.

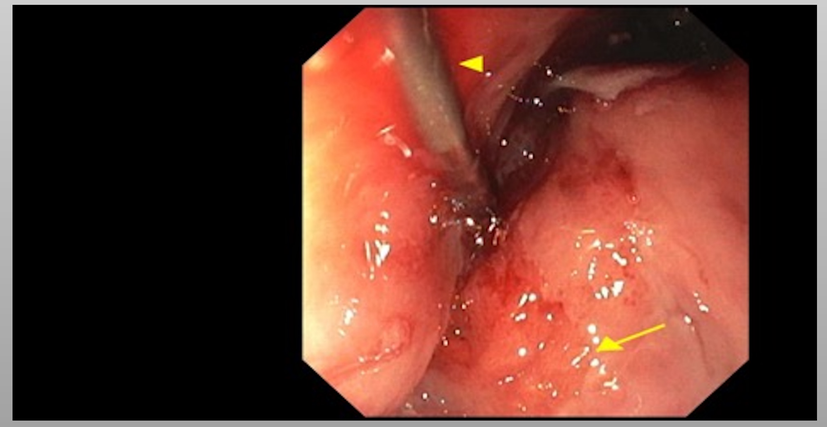

Figure 1: EGD showing gastric inlet patch

References

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3) Peitz, Ulrich, et al. "The Prevalence of Gastric Heterotopia of the Proximal Esophagus Is Underestimated, but Preneoplasia Is Rare - Correlation with Barrett's Esophagus." BMC Gastroenterology, vol. 17, no. 1, 2017.

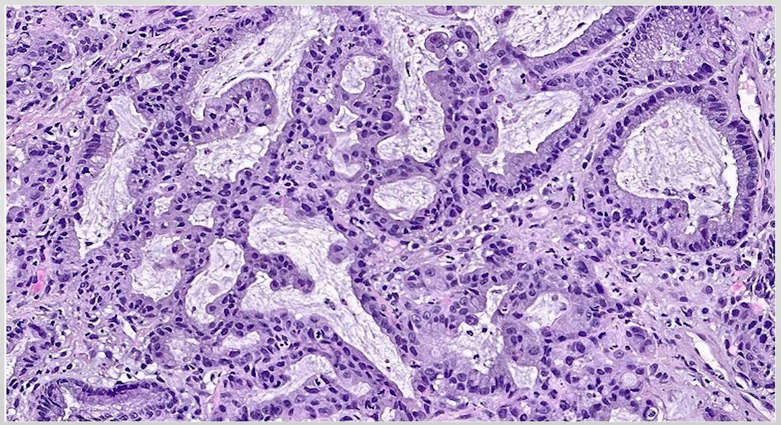

Figure 2: H&E stain consistent with moderately differentiated adenocarcinoma

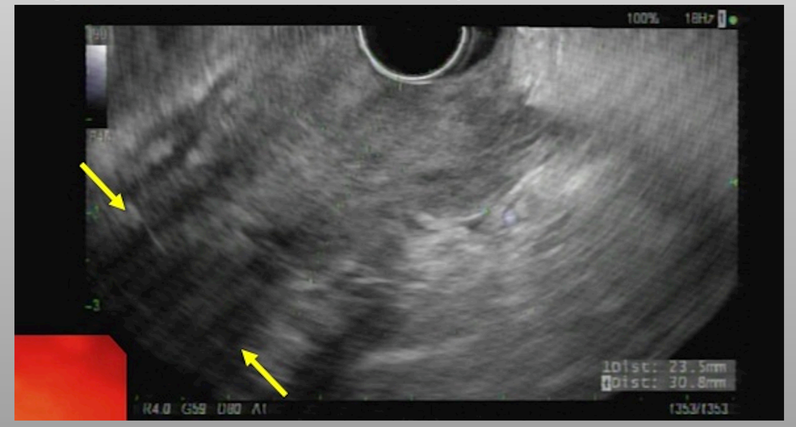

Figure 3: EUS showing non-circumferential hypoechoic mass