Not Just Another Food Bolus: Large Cell Neuroendocrine Carcinoma of the Esophagus Presenting as Acute Esophageal Food Impaction

Introduction

Food impactions arise due to structural or functional abnormalities along the GI tract.

Presentation

- A 71-year-old male presented with trouble swallowing and epigastric pain five hours after eating a chicken sandwich.
- He had been experiencing dysphagia and odynophagia for two months.
- Symptoms were especially severe and persistent on day of presentation.

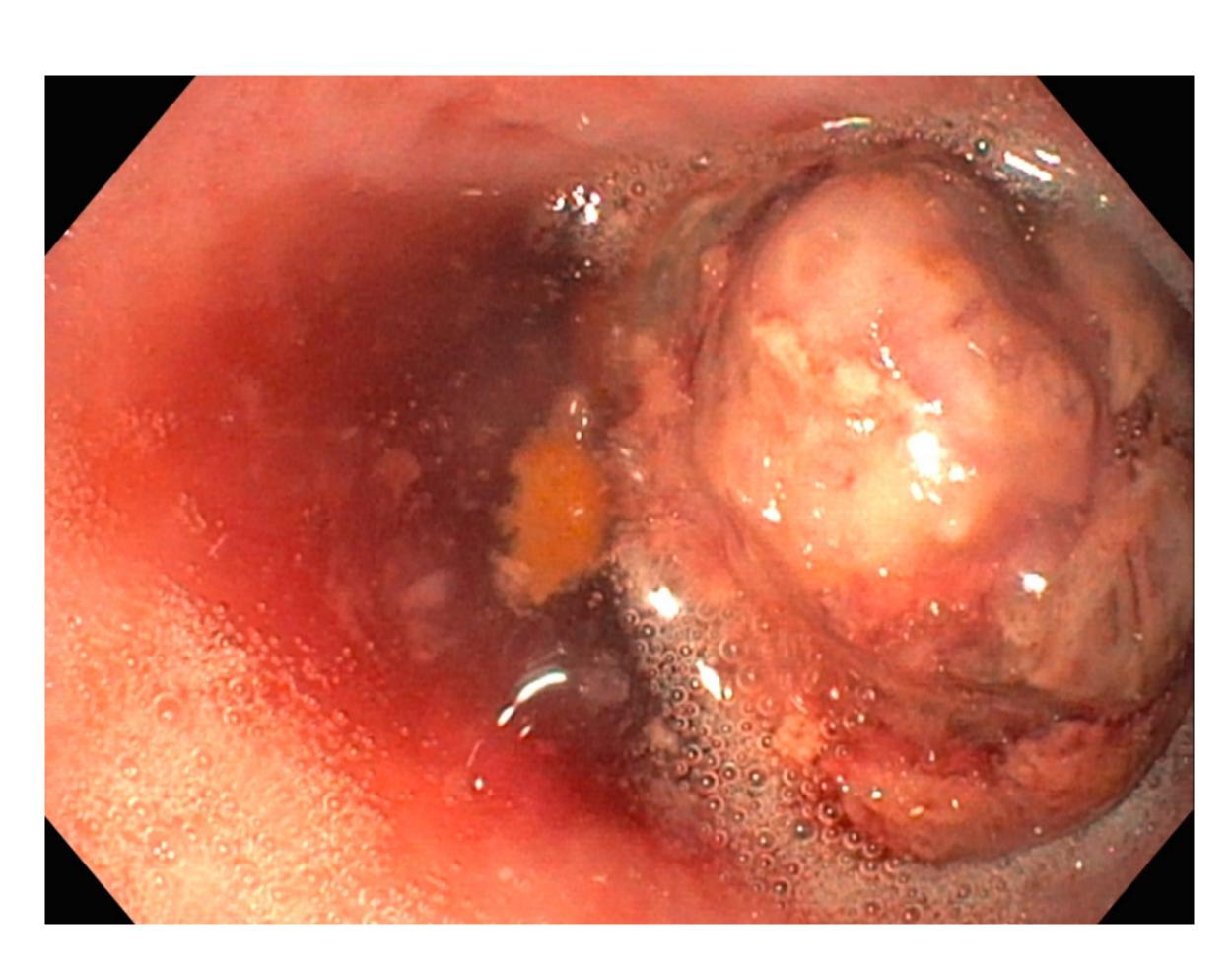


Figure 1. EGD showing food impaction which was cleared revealing a circumferential fungating and necrotic appearing mass 28 cm from the incisors.

Henry Lam, DO¹, Margaret Spinosa, MD², Matthew Sullivan, DO² Lehigh Valley Health Network, Allentown, PA ¹Department of Medicine, ²Division of Gastroenterology

Introduction

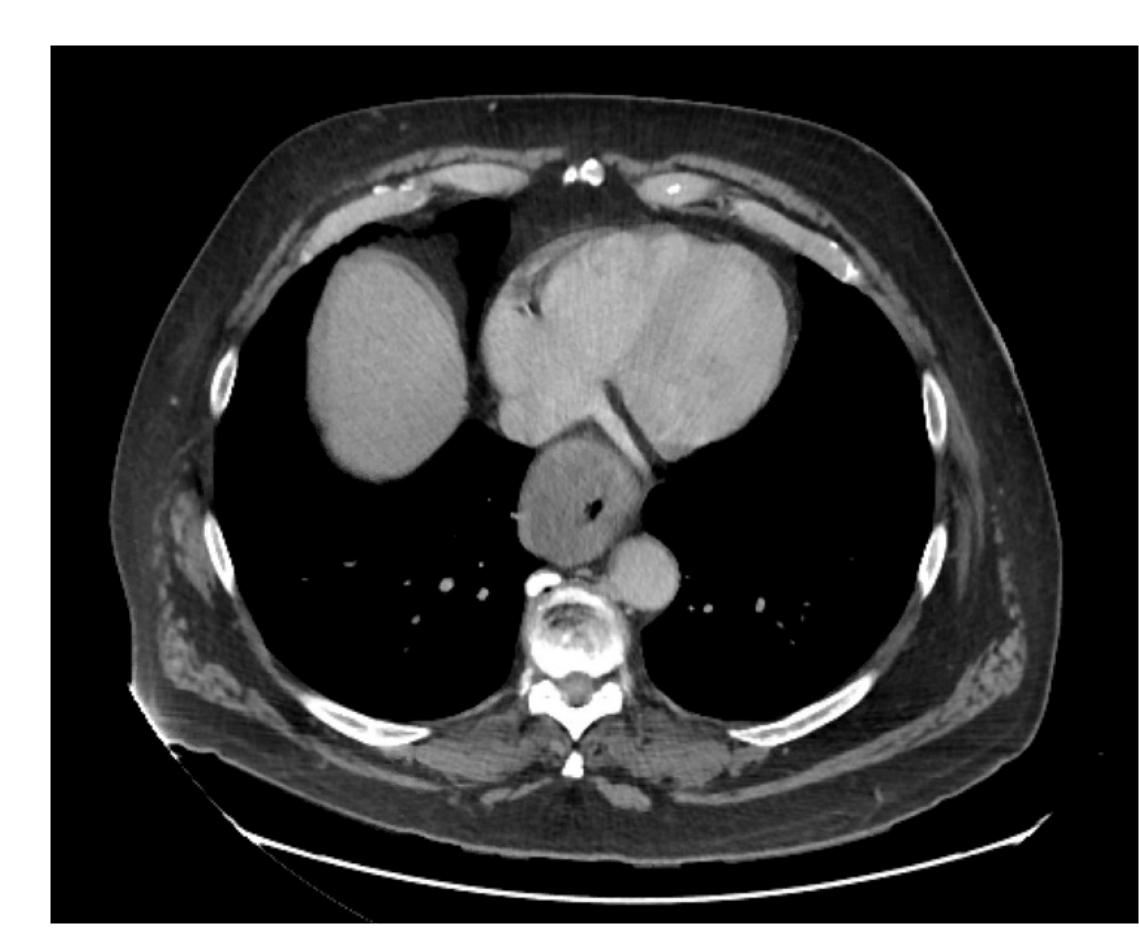
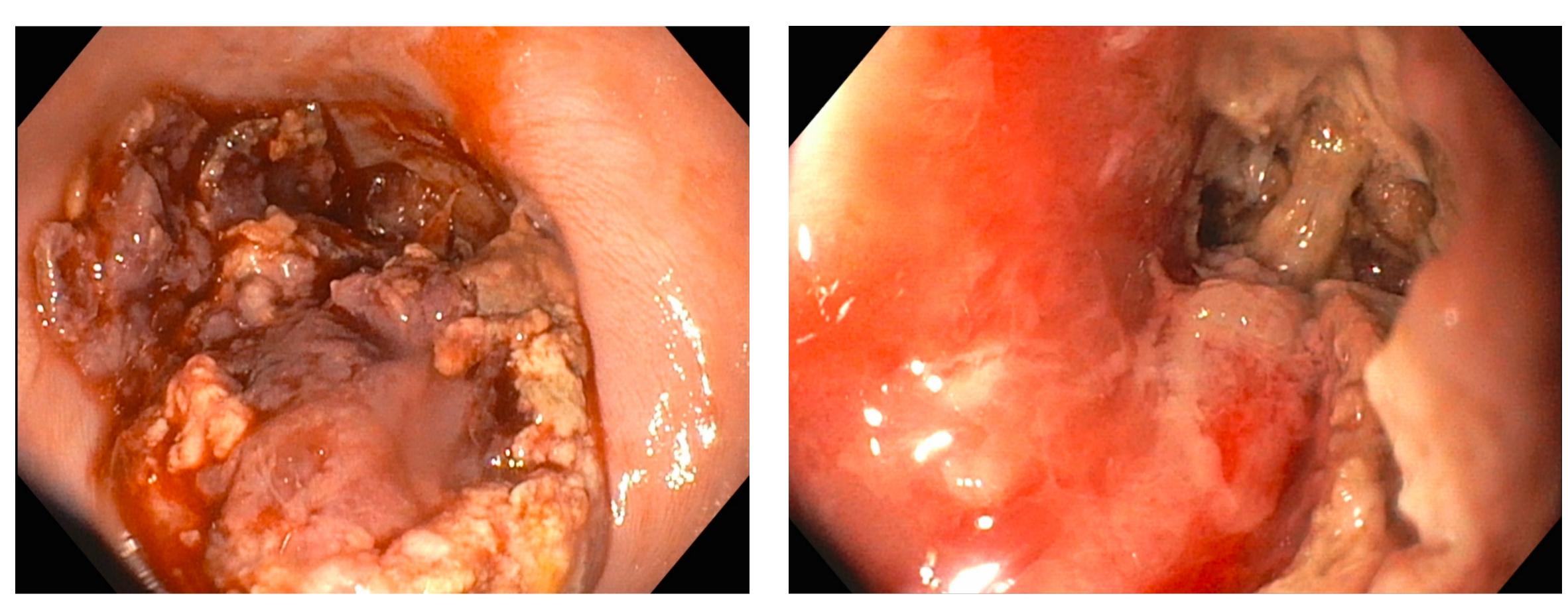
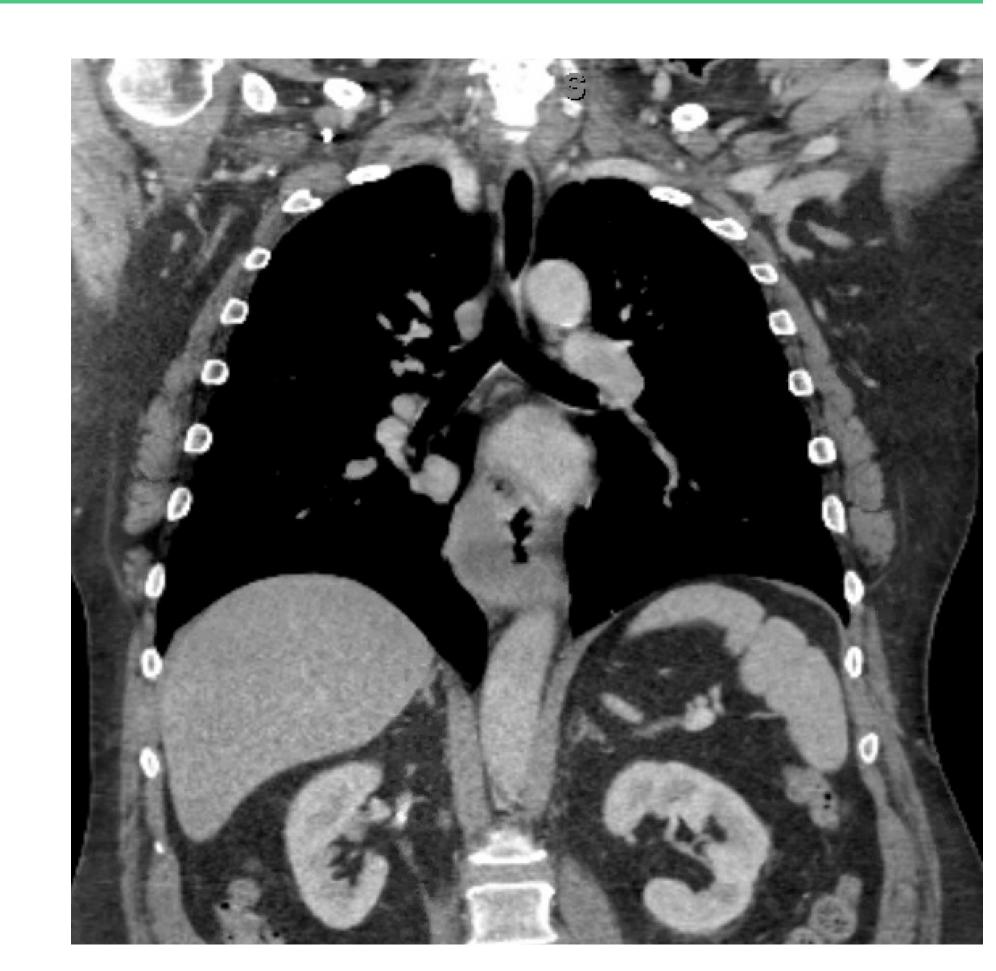


Figure 2. CT CAP showing 6.7 cm distal esophageal mass correlating with endoscopy findings.

Endoscopic Evaluation





- Neuroendocrine carcinoma is a rare type of esophageal malignancy with an incidence of 0.4-2% of cases. Prognosis is usually poor given its aggressive nature and advanced stage at
- lymph node dissection +/- adjuvant chemotherapy.
- chemotherapy +/- adjuvant radiotherapy

Clinicians must maintain malignancy, including neuroendocrine carcinoma, as part of their differential for food impaction given the life altering implications of such a diagnosis.

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Discussion

- initial diagnosis.
- Treatment depends on extent of disease.
 - Limited disease: esophagectomy w/
 - Extended disease: palliative

Conclusion

References

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