

Introduction

- The esophagus is an exceedingly rare site for benign mucous duct cyst or mucocele.
- Symptomatic esophageal polyps or cysts have traditionally required surgical intervention.
- Endoscopic resection has become an option over the last few years.

Case Presentation

- 70 year old female presents for evaluation of reflux symptoms and progressively worsening dysphagia to liquids then solids for 6 months.
- A trial of pantoprazole significantly improved her reflux symptoms but her esophageal dysphagia persisted.
- An esophagogastroduodenoscopy (EGD) was performed showing a polypoid lesion at least 2.5 cm in length in the upper third of the esophagus (Figure 1).
- A 1.7 cm heterogenous polypoid lesion without vascularity was seen on endoscopic ultrasound and doppler exam.
- Decision was made to attempt endoscopic resection using endoloop followed by hot snare polypectomy and retrieved by Roth net (Figure 2).
- Endoscopic appearance was most consistent with a fibrous polyp.

Case Presentation (continued)

- Histologic study demonstrated the wall consisted of two muscle layers consistent with benign mucous cyst (Figure 3).
- Follow-up with patient revealed resolution of symptoms thereafter.

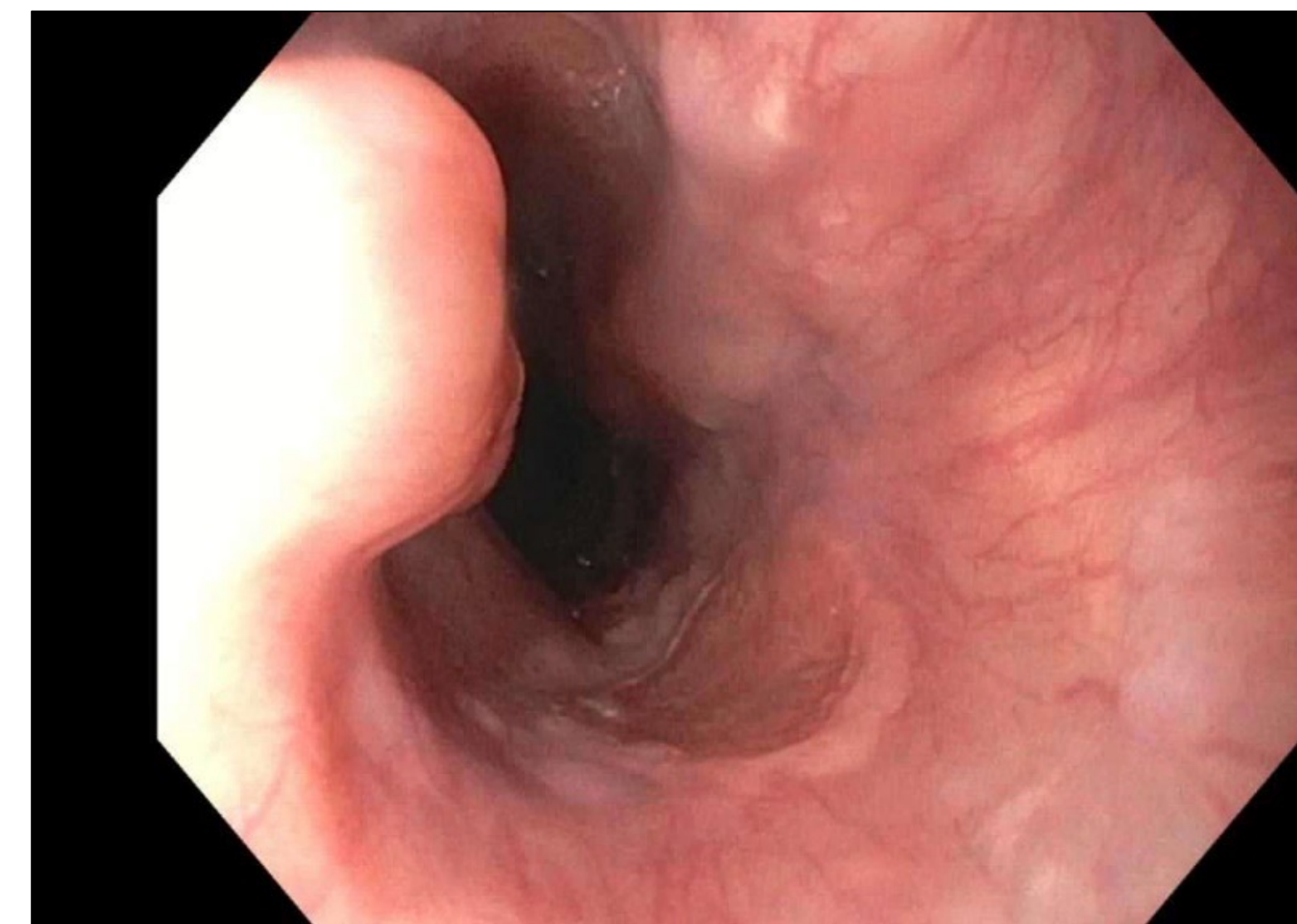


Figure 1 : Endoscopic view of polypoid lesion at least 2.5 cm in length in the upper third of the esophagus



Figure 2: Endoscopic view post-resection

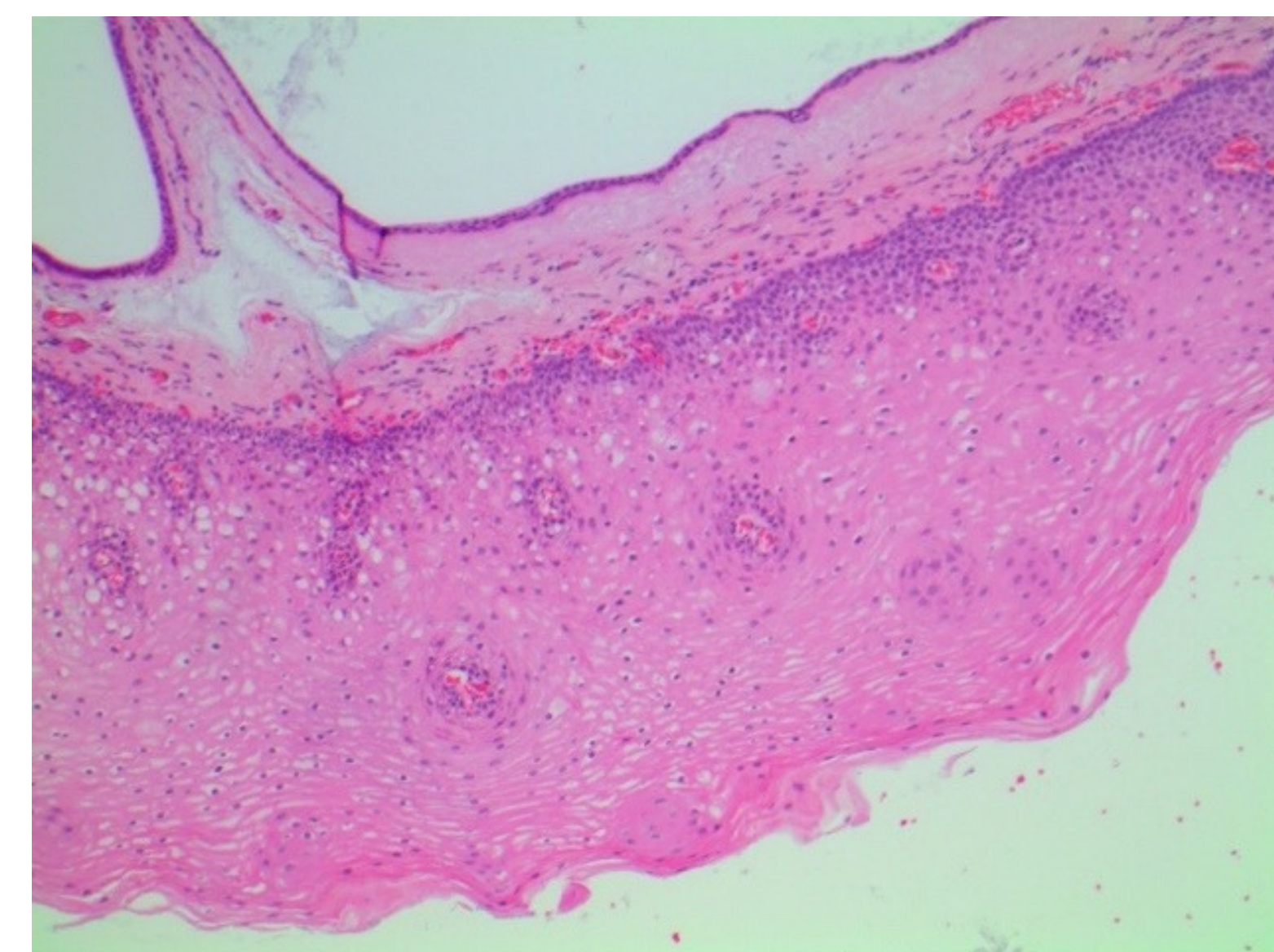


Figure 3: Esophageal pathologic specimen shows keratinized squamous surface epithelium without dysplasia. The inner lining of the cyst shows an attenuated cell layer with luminal debris consistent with a benign simple cyst. (Hematoxylin and eosin stain, 200x)

Discussion

- This case reports a unique presentation of a symptomatic benign esophageal mucocele resected using endoscopic ultrasound.
- Symptomatic esophageal polyps identified by endoscopy carries an extensive differential and endoscopic ultrasound is being increasingly utilized to further characterize its structure.
- The pathogenesis of esophageal mucoceles is thought to be created by recanalization of the upper digestive tract with subsequent coalescence of vacuoles.
- Histologically, benign mucous cysts are lined with two muscle layers, which was consistent with our case.
- Previous cases have reported mucoceles emerging in the esophageal remnant directly following bypass surgery or secondary to tracheoesophageal fistula.
- This case reports a unique presentation of spontaneous emergence of mucocele without an obvious prior etiology or pre-disposing surgical intervention.
- Normally, open surgical approach has been necessary.
- However, endoscopic resection techniques including mucosal resection and submucosal dissection techniques are becoming popular and are safer than surgical techniques in resection of mucosal and submucosal lesions.

Acknowledgments/Disclosures

Author contributions: All authors contributed equally to this case report/manuscript. Robert Farrar provided the pathology images. Veeral Oza and Luis Saul Lizardo Sanchez were involved in clinical care, and revised for intellectual content.

Financial disclosure: None to disclose

Informed consent was obtained for this case report.