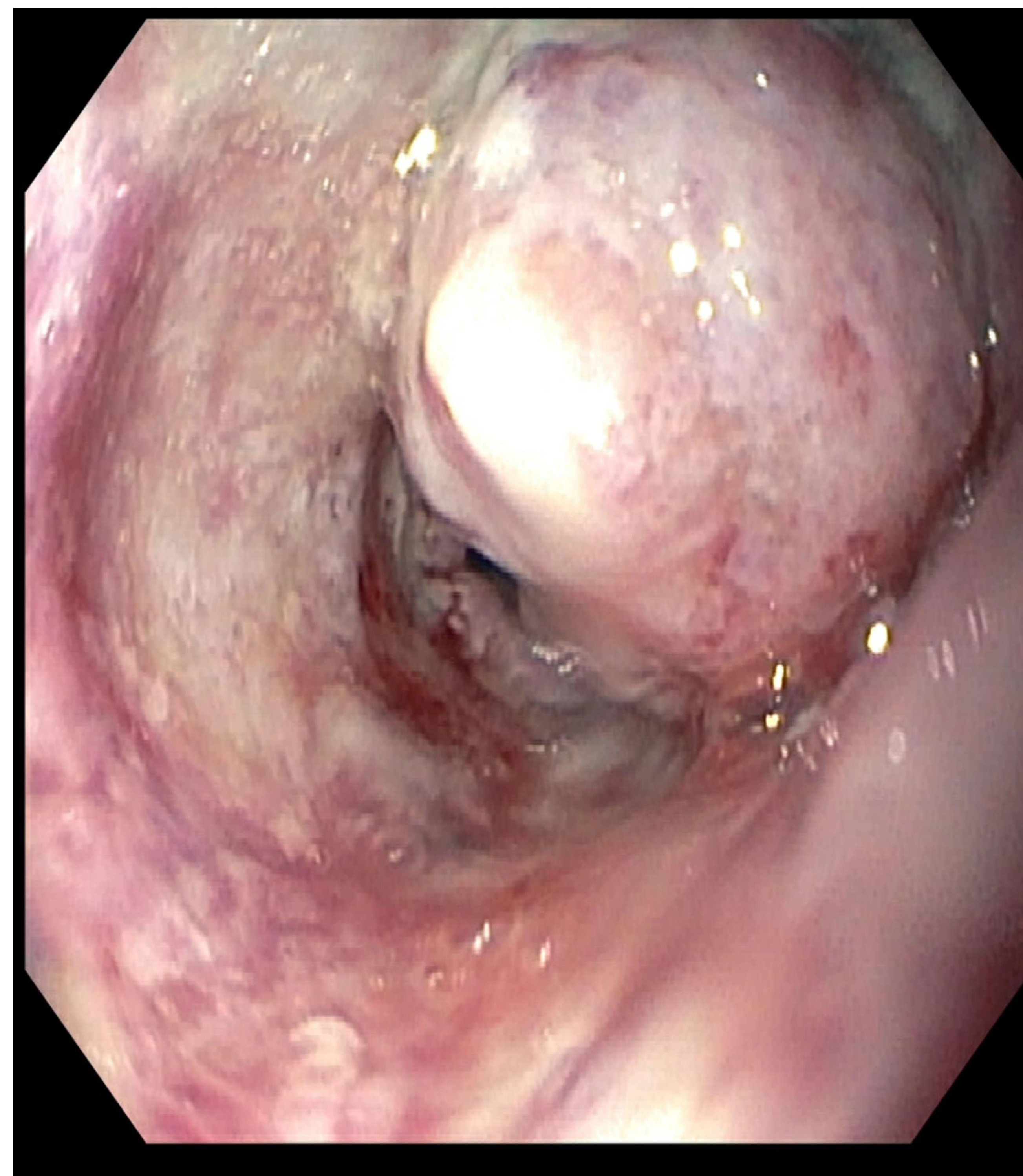
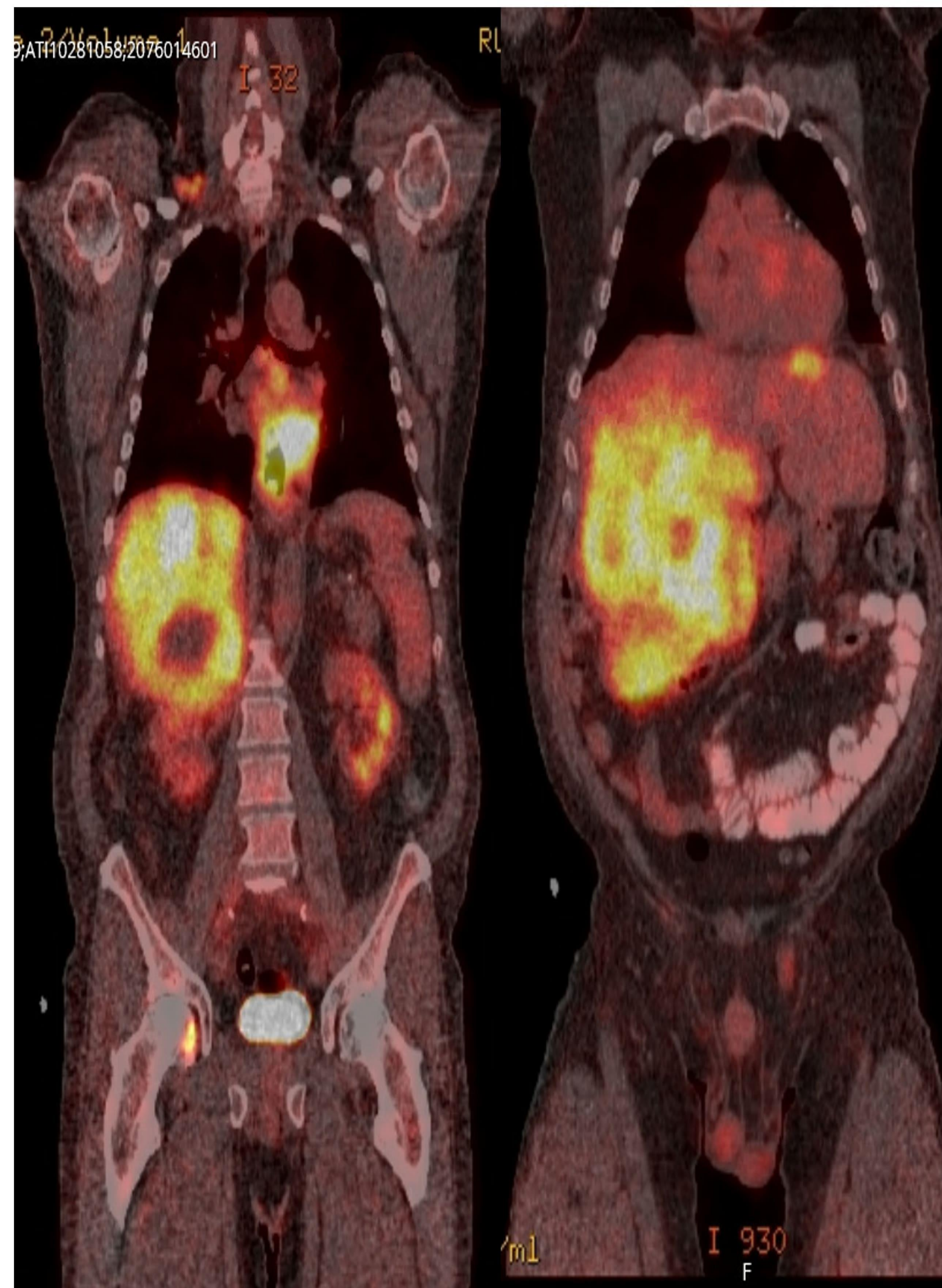


(A)



(B)



### Introduction

- Extra-gonadal germ cell tumors (EGCTs) usually arise from midline structures such as the retroperitoneum, mediastinum, and sacrococcygeal region.
- EGCTs originating from the gastrointestinal system such as the stomach and esophagus are rarely reported.
- Very few cases of extra-gonadal choriocarcinoma arising from the esophagus have been reported in the literature.
- However, no reported case of primary esophageal yolk sac tumor (YST) has been published yet in the literature.
- Herein, we report a rare case of a metastasized primary esophageal YST that presented with dysphagia.

### Discussion

- Primary gastrointestinal germ cell tumors have been very rarely reported in the literature.
- To the best of our knowledge, our case is the first extra-gonadal yolk sac tumor that originated from the esophagus and metastasized to the liver.
- Our case adds to the literature and provides an example of an unusual location and clinical presentation of an extra-gonadal YSK.
- EGCTs should be kept in mind in the differential diagnosis of middle-aged male patients with malignant evidence presenting with dysphagia and esophageal mass.

### Results

- A 62-year-old male with a past medical history of diabetes mellitus and hypertension presented with difficulty swallowing and feeling of food stuck in the middle of his chest for two months.
- There were associated right upper-quadrant abdominal pain, early satiety, and weight loss (25 pounds) in the last three months.
- Abdominal CT demonstrated abnormal thickening in the distal esophagus and metastatic disease in the liver adjacent to the distal esophagus.
- Biopsy of the liver lesions showed poorly differentiated carcinoma with features consistent with YST (positive isochromosome 12p FISH).
- EGD showed partially obstructing tumor in the lower third of the esophagus (Figure 1A).
- Biopsy of the esophageal mass also showed findings consistent with the YST.
- PET scan showed increased activity in the lower esophagus but did not identify testicular activity (Figure 1B).
- Blood tests revealed AST 51, ALT 49, ALP 358, total bilirubin 0.5, AFP of 12,752, HCG of 11, and LDH of 1039. Brain MRI and testicular ultrasound findings were unremarkable.
- Eventually, he was diagnosed with stage IIIc M1b (liver metastasis) primary esophageal YSK. The patient was started on a chemotherapy regimen with etoposide, ifosfamide, and cisplatin.
- However, he died because of his esophageal yolk sac tumor 3 months after starting the chemotherapy.