Endoscopic Management of Esophageal Cancer in a Patient with Decompensated Cirrhosis: The Importance of Multidisciplinary Collaboration & Peri-Procedure Planning in Complex Clinical Scenarios

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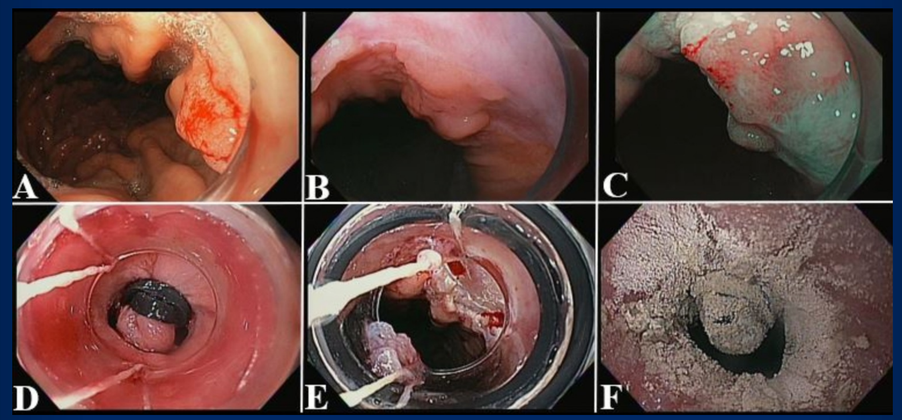
Introduction:

- Endoscopic therapy is effective for management of early esophageal cancer (EC)
- Serious complications such as bleeding and perforation can occur
- Patient selection, optimization of co-morbidities and peri-procedure management help mitigate risk & improve patient outcomes
- We present a patient with decompensated cirrhosis who required complex peri-procedure planning prior to endoscopic treatment of early EC

Case Report:

- 71-year-old male with decompensated cirrhosis (portal hypertension, esophageal varices, ascites) and recent DVT on apixaban underwent routine EGD for esophageal variceal surveillance
- A 1cm raised focal lesion at the GEJ was found; biopsies revealed high-grade dysplasia (HGD)
- Patient was referred to our center for endoscopic evaluation/treatment
- After extensive discussion with hematology, patient was admitted for anticoagulation management with intravenous (IV) heparin
- EGD confirmed an 8mm nodule at the GEJ (Image 1A,B,C)
- Grade 2-3 non-bleeding esophageal varices were noted (GOV1) at the GEJ and in the distal esophagus, prohibiting safe EMR/ESD

Image 1:



A: Nodular distal esophageal lesion; B: Lesion in high-definition white light endoscopy (HDWLE); C: Lesion in narrow band imaging (NBI) D: Band placed at the base of the lesion, E: EMR defect F: Hemostatic spray was used to achieve hemostasis of an area of focal bleeding after EMR

Table 1:

Endoscopic Risk Mitigation Strategies – Best Practice Principles

Pre-procedure consultation for non-emergent diagnostic/therapeutic procedures
Pre-procedure planning (labs, imaging, any additional consultation)
Anti-thrombotic management
Optimizing management of co-morbidities (multidisciplinary collaboration)
Anesthesia consultation
Informed consent // shared decision making
Documentation
Appropriate procedure back-up and support (IR, surgery, radiology, pathology)

Case Report (continued):

- After multidisciplinary tumor board discussion, a transjugular portosystemic shunt (TIPS) was performed to decompress the portal system and reduce bleeding risk from planned EMR
- Doppler ultrasound a few weeks later confirmed patent TIPS
- Repeat diagnostic EGD showed decompression of varices. EUS revealed a mucosal lesion with no lymphadenopathy. Biopsy confirmed intramucosal adenocarcinoma
- After detailed discussion with the patient, EMR was planned with appropriate anticoagulation management
- En-bloc multiband mucosectomy was performed (Image 1D,E). Intraprocedural bleeding was controlled with band ligation and hemostatic spray (Image 1F)
- Patient remained inpatient for observation on octreotide and IV pantoprazole drip without further bleeding. Apixaban 2.5mg was resumed on day 3; he was discharged home on high-dose proton pump inhibitor
- Pathology: well-differentiated adenocarcinoma, pT1a
- Tumor board discussion recommended continued endotherapy (liquid nitrogen spray cryotherapy) to residual dysplastic Barrett's mucosa which he is tolerating well

Conclusions:

- Endoscopic treatment is effective for the management of early EC
- Multidisciplinary management and stepwise risk-mitigation strategies need to be in place to minimize morbidity and maximize success in complex clinical scenarios (Table 1)
- Tumor board consensus & shared decision making are key patient centric strategies that reflect best practice / ensure best outcomes