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Case Report

Reinvolvement with Squamous Cell Carcinoma after 14 years of Cured Esophageal Cancer

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Abstract
Esophageal cancer is a lethal disease with poor survival rate. It is necessary to determine the extension, and the stage of the tumor to predict the outcome of patients. Of the two common pathologic types, squamous cell carcinoma is still the most common form, and adenocarcinoma is the leading one. Early diagnosis and radical treatment of esophageal cancer, regardless of tumor spreading, increases the curability and the survival time to five years. Herein a case of cured esophageal cancer with 14 years survival without recurrence is presented. He was operated to remove the esophageal tumor. This can presumably raise the question whether the origin of the tumor or its involvement has to be appreciated as recurrence or new independent one.
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Keywords ● Esophagus ● cancer ● survival ● curability

Introduction

Prophylaxis is the preferred approach for esophageal cancer. Screening biopsy accompanied by complementary computed tomography, and the possibility of mediastinal assessment by MRI increases early diagnosis of the tumor and life expectancy. Geographical spreading, age, and gender are favorable prognostic factors.[1] The patient's survival is influenced by the size, depth, lymph node involvement, and early operation. Chemotherapy and radiotherapy are important effective therapeutic modalities that improve the survival rate.[2] Herein, we report a known case of treated esophageal cancer returned after 14 years with questionable metastatic neck mass.

Case report

A 50-year-old man referred to the surgical ward of Shahid Rajaie Hospital affiliated to Jundishapour University of Medical Sciences. He had dysphagia because of the presence of a five-cm tumor in the distal portion of his esophagus. We took a biopsy and the pathology showed squamous cell carcinoma. We operated the patient and performed esophagectomy with high gastroesophageal anastomosis in right thorax (Ivor Lewis method).

Six days after gastric pull-up procedure while on diet discharged after complete recovery. The patient referred to radiotherapy department for complementary treatment but after two doses of radiotherapy, he discontinued the course. He was visited in the same clinic after about three years of treatment and no evidence of recurrence was observed. Fourteen years after the operation, he came back with compliant of dysphonia

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due to a 2×2 cm mass in his left anterior neck. His esophagoscopy was normal, while bronchoscopy confirmed left vocal cord paralysis and mild deviation of the trachea to the right due to external pressure. Computed tomography of sinuses, neck and chest showed a 23-mm mass in the left neck (Fig 1). Direct laryngoscopy of nasopharynx was normal. Debulking and excisional biopsy reported metastatic lymph node with squamous cell type carcinoma.

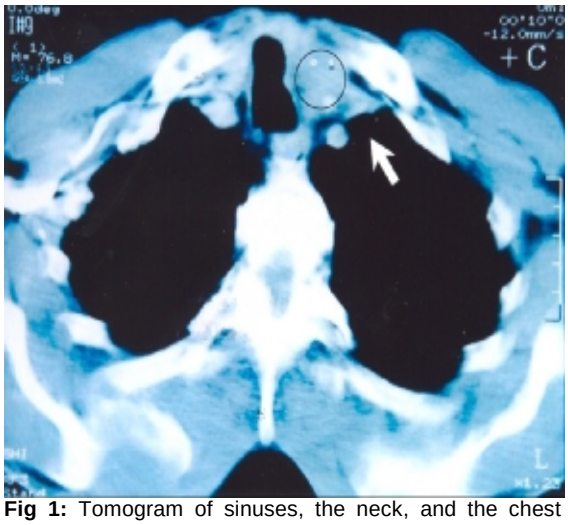

Fig 1: Tomogram of sinuses, the neck, and the chest with a 23-mm mass in the left neck (arrow).

Discussion

Esophageal cancer is a lethal malignant disease with a poor prognosis. Generally, the disease has low five-year survival rate. Multidisciplinary protocols using chemotherapy and radiotherapy propel the patients to better outcome.[1] Six-year and 10-year survival rates after esophagectomy are reported to be 39.5% and 12% in patients with squamous cell carcinoma, respectively.[2,3] This finding can be attributed to better recognition of risk factors and prompt therapeutic strategies.

Factors that predict long-term survival such as presence of dysphagia and tumor staging are useful to candidate the patients for neoadjuvant treatment.[4] Other important prognostic factors include infracarinal tumor location, low TNM (tumor–node–metastasis) stage, R0 category, Borrmann classification, and the time of operation.[1,2]

Alimentary tract continuity after total esophagectomy is the basic goal of treatment.[5] Chemotherapy and radiotherapy before and after surgery can lead to better outcome and tumor downstaging. These modalities ought to be held for sensitive types. It has been proven that for better survival tumor radiosensitivity measurement is valuable, although it may not beneficial for radio resistant tumors.[6]

For patients with advanced stage and non-resectable tumors, chemo-radiation therapy provides long term palliative treatment with long term results similar to the contemporary surgical procedures.[3,7]

In our case the main treatment was thoracic resection followed by radiotherapy, which was discontinued by the patient. In spite of incomplete treatment, surgery seemed to play the main role in his surveillance. Therefore, it seems that En-bloc esophagectomy is the treatment of choice in advanced esophageal cancer patients as stated by Tachibana et al.[8] whereas, surgery alone is good for localized esophageal carcinomas.[9] Our presented case returned after 14 years with second involvement by squamous cell carcinoma in the base of his neck. It is unusual that this presentation has any relation with his previous involvement. Consequently, it seems logical to accept the second lesion as an original dormant squamous cell tumors disseminated through lymphatics.

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