

Images in esophageal diseases

Adenocarcinoma occurring at the interposed colon graft for treatment of benign esophageal stricture

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A 70-year-old female was admitted with progressive substernal burning pain for two weeks. Forty-seven years previously, she underwent a total esophagectomy for an esophageal stricture because of an alkaline corrosive injury, and reconstruction was accomplished with right colon interposition. After the operation, she regained satisfactory swallowing function but had occasional dyspepsia and substernal discomfort, which were attributed to interposed colon dysmotility. Two weeks prior to admission, substernal burning pain was intolerable and she had a 4 kg weight loss in two months. The upper gastrointestinal (GI) endoscopy showed a 3 cm ulcerative, extruding mass with friable mucosa, not obstructing the lumen in the mid-portion of the interposed colon graft site, 30 cm from the upper incisor level. An endoscopic forceps biopsy demonstrated a moderately differentiated adenocarcinoma. The computed tomography (CT) scan (Fig. 1) and radionuclide positron emission tomography (PET) scan revealed a T3N2M0 colon cancer. Because she did not want to undergo surgical treatment, combination chemotherapy with 5-fluorouracil (400 mg/m²) and oxaliplatin (85 mg/m²) was administered. The

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Fig. 1 Chest computed tomography shows a segmental wall thickening (arrow) at the interposed colon graft in the coronal section view.

follow-up CT scan performed after the sixth cycle of chemotherapy showed that there was a partial response. The patient died of pneumonia, which developed during admission for the eighth cycle of chemotherapy, six months after the initial diagnosis.