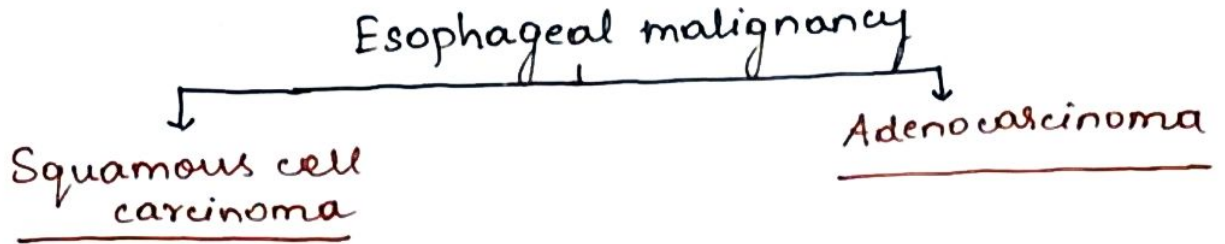


ESOPHAGEAL TUMORS

m/c BENIGN tumor of Esophagus = Leiomyoma

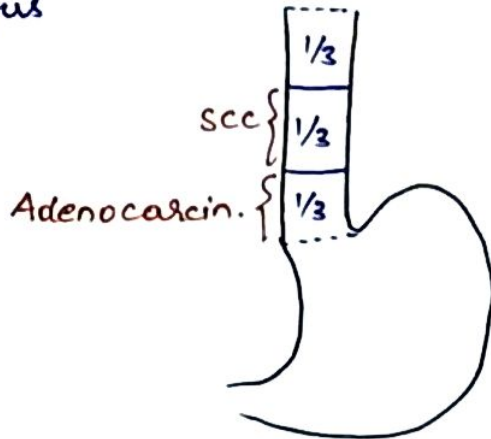
m/c MALIGNANCY of Esophagus = Squamous cell carcinoma > Adenocarcinoma



- more common

m/c site - MIDDLE 1/3rd of Esophagus

- LOWER 1/3rd of Esophagus



Outline

- RISK FACTORS**

- SCC
- Adenocarcinoma

- PATHOGENESIS

- SCC
- Adenocarcinoma**

- MORPHOLOGY

- SCC
- Adenocarcinoma

- CLINICAL FEATURES*

- DIAGNOSIS*

Adenocarcinoma



M > F

- Barrett's Esophagus
 - Long standing GERD
 - Obesity
- Smoking, tobacco
- H. pylori is protective

↓ causes

Gastric atrophy → ↓ Acid secretion

↓
Acid Reflux ↓

↓
↓ risk of adenoca.

Pathogenesis :-

SCC

- * Amplification of SOX2 gene (Transc. factor gene)
- * Overexpression of cyclin D1
- * Loss of f/n mutation of :- (Tu. Sup. genes)
 - TP53
 - CDH1
 - NOTCH1

Adenocarcinoma

Genetic changes

- p53
- RB gene
- cyclin D1 gene
- cyclin E gene

+

Epigenetic changes

- p16/INK4a
(Silencing by hypermethylation)

Morphology :-

SCC

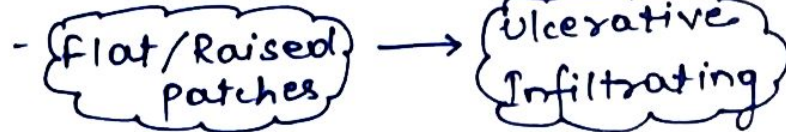
GROSS :-

- Middle $\frac{1}{3}$ of Esoph.
- Growth pattern :-
 - fungating / Exophytic
 - Ulcerative
 - Infiltrating

Adenocarcinoma

GROSS :-

- Lower $\frac{1}{3}$ of Esoph.



Microscopy :-

- Keratin pearls
- Varying degree of differentiation (well, mod., poor)

Microscopy :-

- Glandular pattern (Intestinal type)
- Mucin ⊕

Clinical features :-

- * Progressive dysphagia [More for solid food]
- * Weight loss [d/t -impaired nutrition]
- cancer cachexia

Other complications :-

- cough on swallowing f/OR Pneumonia [TEF]
- Chest pain f/OR Back pain [Mediastinal extension]
- Hoarseness of voice [RLN inv.]
- Hematemesis, Iron def. [Hge of tumor ulceration]

Diagnosis :-

⇒ Barium studies :- "RAT TAIL APPEARANCE" / "Apple core deformity"!

⇒ Upper Endoscopy with BIOPSY.

⇒ for Tumor Depth & Nodal staging :- EUS (Endoscopic Ultrasonography)