Esophageal cancer

→ Most common site is - Middle third of esophagus.
→ Morphologic type → squamous cell carcinoma & Adenocarcinoma

SQUAMOUS CELL CARCINOMA: - Most common type.
M:F = 4:1 2454

Risk factors: → Alchol intake } Most common.
✓ Tobacco smoking } , Polycyclic hydrocarbons, nitrosamines
- Plummer-Vinson syndrome, HPV, Radiotherapy
→ Iron def Anemia
→ esophageal webs
→ Glossitis.

MORPHOLOGY: Middle 3rd of esophagus.
Pattern of growth:
→ Fungating or exophytic → Tumor protrude into & obstruct lumen
→ Ulcerative → Growth of elevated ulcer edges.
→ Stenotic & Infiltration

MICROSCOPY → Malignant squamous cell with varying degree of differentiation

SPREAD - Local spread → into Respiree, Aorta, Mediastinum, pericardium
Lymphatic spread → Cancer in
↳ Upper 3rd → cervical lymph node
Middle 3rd → Mediastinal, paratracheal
Lower 3rd → gastric & celiac nodes.
Hematogenous spread → occur late to liver, lungs, Adrenals, bones.

Date: / /

Clinical features: Dysphagia, odynophagia, obstruction
→ weight loss.

Dx → Endoscopy & biopsy.

NOTE

→ Lymphatic channel in the lamina propria are unique to esophagus. Dense submucosal lymphatic plexus facilitates easy dissemination of malig

→ Most common tumor → Leiomyoma.

→ H.pylori → CagA +ve strain.
Protective for Adenocarcinoma of esophagus.
Can lead to squamous cell carcinoma.

ADENOCARCINOMA: Usually arises in a background of:
↳ Barrett esophagus
↳ Long standing GERD.

- Non Hodgkin's

NON - HODGKINS LYMPHOMAS.