Verrucous Carcinoma of the Oesophagus: A diagnostic conundrum

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AIMS

Verrucous carcinoma of the oesophagus is a rare type of squamous cell carcinoma, with a slow, insidious onset

Our aim was to highlight the diagnostic challenge in these cases due to inconclusive histology obtained from endoscopic biopsies

METHODS

Retrospective case series

Less than 30 cases of verrucous carcinoma of the oesophagus have been reported worldwide

2/3 of patients in the literature have undergone surgical resection.

We report the first 2 cases of verrucous carcinoma of the oesophagus, from the UK

Both patients were a diagnostic quandary and required multiple biopsies which are often inconclusive

EVENTUAL diagnosis after tumour resection.

Presence of long-standing symptoms coupled with warty, esophageal lesions seen on gastroscopy are typically seen.

A high index of suspicion is needed for the diagnosis of verrucous cancer of the oesophagus

The incidence of metastases in verrucous carcinoma of the esophagus is rare, but reported.

DISCUSSION

Less than 30 cases of verrucous carcinoma of the oesophagus have been reported worldwide

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Case 1

Presentation:

- 53 yr old man; African ethnicity
- 2ww referral with progressive dysphagia and weight loss
- Known GORD + Hiatus hernia on PPI

Investigations:

- OGD x2 - Tight oesophageal stricture (36cm) - Unable to pass with a paed scope
- Radiology - Large Hiatus hernia + thickened gastro-oesophageal wall; ?malignancy

Further investigations –

- Diag laparoscopy - Thickening of the GOJ extending through the diaphragm – no hiatus hernia
- Frozen section of L Gastric node – benign
- EUS x 2 - Para-oesophageal mass (Multiple core biopsies – benign)
- PET CT - intense uptake in distal oesophagus
- CT guided biopsies – Neg; Endoscopic biopsies – inconclusive

MDT & Second opinions –

- ‘Inoperable; NEEDS LARGER BIOPSY!’
- Had lap assisted Ivor Lewis Oesophagectomy

Histology: Invasive verrucous SCC of the oesophagus, fistulating through an oesophageal diverticulum T3 N0 M0 R0

Case 2

Presentation:

- 75 year old Caucasian lady; referral from Gastroenterologists
- Dysphagia & weight loss

Investigations:

- OGD - Impassable stricture @ 34cm
- Biopsies - benign
- Radiology - Appearances are suggestive of distal oesophageal malignancy  T3 N2 M0

Further investigations –

- EUS - Tumour 33-38cm. T4 to left crus. Peritumoral LNs. (T4 N1)
- Biopsies - 5 attempts with jumbo forceps & EUS; Benign
- PET: Operable oesophageal malignancy (FDG avid)
- Lap staging: operable tumour

MDT & Second opinions –

- EMR vs Oesophagectomy
- Lap assisted Ivor Lewis Oesophagectomy

Histology: Locally invasive Verrucous Ca of the Oesophagus  T3 N0 M0 R0