Synchronous esophageal and gastric cancers

Ali Aminian · Rasoul Mirsharifi · Mohsen Kalhor · Habibollah Dashti · Fouzeyah A H Ali · Abbas Alibakhshi · Ali Jafarian · Faramarz Karimian

Received: 18 April 2008 / Accepted: 31 July 2008

A 67-year-old man presented with progressive dysphagia and weight loss since 3 months. Barium meal study showed suspicious irregularities both in mid-thoracic portion of esophagus and proximal part of stomach. Endoscopic examination revealed severe stricture in thoracic esophagus. Passage of endoscope through esophageal tumor was not possible. Surgical exploration revealed the large mid-thoracic esophageal cancer and proximal gastric tumor, about 12 cm apart. He underwent trans-thoracic esophagectomy, proximal gastrectomy and gastric pull-up successfully. Histopathologic examination showed synchronous esophageal and gastric squamous cell carcinoma with intervening normal mucosa.

The diagnosed multiple cancer cases have recently been increasing in number. The frequency of synchronous esophageal and gastric carcinomas is increasing due to development of more sophisticated invasive and non-invasive diagnostic tools and an increase in the number of elderly patients [1]. Esophageal and gastric cancers share some risk factors; including diet, low socioeconomic status, age, alcohol and tobacco use, and nitrites.

The possibility of multiple primary cancers should be kept in mind during the preoperative examination. In case of esophageal cancer with severe stricture, when endoscope cannot be passed through the esophagus, the stomach should

be carefully examined in a barium meal study. Intraoperative gastric observation should be done when the upper gastrointestinal series reveal certain gastric abnormalities [1].

Fig. 1 Barium meal study: irregularities in mid-thoracic esophagus and proximal of stomach with intervening normal mucosa

A. Aminian¹ · R. Mirsharifi¹ · M. Kalhor¹ · H. Dashti¹ · F. A. H. Ali² · A. Alibakhshi¹ · A. Jafarian¹ · F. Karimian¹

¹Tehran University of Medical Sciences,

Tehran, Iran

²Mubarak Al-Kabeer Hospital,
Kuwait

A. Aminian (✉)
e-mail: aliaminian@doctor.com

Studies showed that outcome of multiple cancer cases is not poor compared with that of the non-associated cases. These patients may achieve acceptable survival by early detection of both lesions and proper treatment. It is evident that in non-advanced cases the right treatment is esophagogastrectomy. Alimentary tract restoration can be accomplished using the remaining stomach, depending on the location of the gastric tumor. However, the colon is frequently the choice for the esophageal substitution [2].

References

1. Paslawski M, Zlomaniec J, Rucinska E, Koltys W (2004) Synchronous primary esophageal and gastric cancers. *Ann Univ Mariae Curie Sklodowska* 59:406–410
2. Koide N, Adachi W, Koike S, Watanabe H, Yazawa K, Amano J (1998) Synchronous gastric tumors associated with esophageal cancer: a retrospective study of twenty-four patients. *Am J Gastroenterol* 93:758–762