CASE REPORT

Esophageal Carcinoma in Pregnancy

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Introduction

Association of cancer and pregnancy is a rare coexistence. The incidence of cancer in pregnancy ranges from 0.07 to 0.1 % of all malignant neoplasms [1]. Esophageal carcinoma during pregnancy is usually in the advanced stage at the time of diagnosis. The diagnosis of esophageal carcinoma in pregnancy is an extremely rare case and was first described in 2008 [2, 3].

Case Report

A 27-year-old nonsmoker patient with previous history of one abortion presented with complaints of difficulty in swallowing associated with weight loss. CT scan imaging showed heterogeneously enhancing circumferential wall thickening of cricopharynx and cervical esophagus extending from C5 to D2. Upper gastroduodenal endoscopy revealed ulcerated nodular growth with complete narrowing at upper esophageal sphincter. A biopsy from the lesion showed squamous cell carcinoma. Patient was given two courses of neoadjuvant chemotherapy

(paclitaxel, cisplatin, and fluorouracil) followed by chemoradiation with weekly cisplatin. Patient achieved complete remission. After disease free survival of 1 year, patient again developed complaints of progressive dysphagia for 4 weeks. Patient was 6 months pregnant and abdominal sonogram confirmed singleton fetus with 26 weeks of gestation. CT scan imaging with abdominal shielding was done and revealed circumferential wall thickening of posterior cricoid region abutting trachea and thyroid. Upper gastroduodenal endoscopy showed ulcerated growth in posterior cricoid region which was found to be squamous cell carcinoma on histopathological examination. Patient was given three courses of paclitaxel and carboplatin with simultaneous antenatal care and regular follow-up with obstetrician. Patient had improvement in her symptoms. At 34 weeks gestation patient delivered, with pre-administered betamethasone, normal baby of 2.3 kg via cesarean section; there were no signs of congenital malformation. After post partum recovery patient is continued with salvage regimen and gastrostomy feeding tube placed for progressive dysphagia. Presently, baby is 4-months old and doing well.

Discussion

Esophageal carcinoma in pregnancy is an extremely rare occurrence [2, 3]. Major concern remains the timely diagnosis as symptoms due to disease may be mistaken for pregnancy-related symptoms. Delay in diagnosis can

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significantly impact outcome in patients presenting with curable early stage [2]. Practical guidelines are available for the management of gastric and colorectal cancer during pregnancy, but very limited information is available for esophageal cancer [2]. These guidelines can be adopted with necessary modifications for individualizing management of esophageal carcinoma in pregnancy as the general principles for diagnosis, surgery, radiation therapy, and chemotherapy remain primarily dependent on gestational age and stage of the cancer [2]. Upper endoscopy should be performed in patients with persistent epigastric complaints in the second trimester.

Short- and long-term effects of using chemotherapeutic agents in pregnancy are still not well recognized but based on available case reports and small series, use of chemotherapeutic drugs in second and third trimester appears to be safe and acceptable [4, 5]. The initial dosing regimen should be administered according to the nonpregnant standard, and close neonatal surveillance is warranted. Although teratogenicity and fetal toxicity have been reported, a causative link has not been established [5]. Doll had reported fetal malformation in 17 and 25 % of pregnancies exposed to single and combined chemotherapy, respectively, during the first trimester, whereas there was no risk of increased teratogenicity in the latter two

trimesters [6]. Taxanes and platins may be used in pregnancy after judging risk–benefit ratio.

Owing to scarcity of cases and paucity of the literature such cases presenting to oncology centers should include obstetrician in the multidisciplinary team besides medical oncologist, oncosurgeon, gynec-oncologist, and radiation oncologist as each case would require individualized approach for the management of the patient.

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