Esophageal Squamous Cell Carcinoma Risk Factors and Presentation

Esophageal cancer is commonly divided into squamous cell carcinoma and adenocarcinoma. Squamous cell carcinoma of the esophagus is the most common type worldwide and commonly affects the upper 2/3 of the esophagus where squamous cell are more prominent. Risk factors for developing this disease include alcohol consumption, smoking, a diet poor in vegetables and fruits, Plummer-Vinson syndrome, and achalasia. Patients typically present with progressive dysphagia, weight loss, and anemia.



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Characteristics

Most Common Esophageal Cancer Worldwide

1 Foam-finger on Sarcophagus Tumor-guy

Esophageal squamous cell carcinoma (SQCC, SCC) is the most common type of esophageal cancer worldwide (over adenocarcinoma). In the 1960s, esophageal SCC accounted for more than 90% of all esophageal cancers in the United States. However, it has been steadily decreasing because of long-term reductions in tobacco and alcohol use.

Upper 2/3 of Esophagus

Upper (2) Tutu and (3) Tree

The majority of esophageal SCCs are located in the upper two-thirds of the esophagus. This region has a higher proportion of squamous cells than the lower one-third.

RISK FACTORS

Plummer-Vinson Syndrome

Plumber-Vincent (van Gogh)

Plummer-Vinson syndrome is characterized by the triad of iron deficiency anemia, dysphagia due to esophageal webs, and glossitis. It classically affects Caucasian females aged 30-60. This syndrome must be recognized early because it's a risk factor for squamous cell carcinoma of the esophagus.

Alcohol

Alcohol Bottle

Alcohol consumption is a major risk factor for esophageal SCC. The quality and quantity of alcoholic beverages consumed may influence the chance of esophageal SCC. Hard liquor may have a higher risk than wine or beer.

Smoking

Cigarette

Smoking is another major risk factor for esophageal SCC. Tobacco products have several chemicals that are known carcinogens.

Poor Diet

Poor Diet-plate

There are plenty of dietary habits that have been associated with developing esophageal SCC. Drinking hot teas (?65 degrees C), eating cured meats, betel/areca nuts, and sparse fruits and vegetables are all associated with this disease.

Achalasia

A-collar-and-leash

The presence of specific preexisting esophageal diseases such as achalasia and caustic strictures increases the risk of esophageal SCC. Patients with achalasia have a 16-fold risk for esophageal SCC during the next 20 years following diagnosis.

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Clinical Features

Progressive Dysphagia

Progressive Dice-fajita

Progressive dysphagia implies difficulty swalloing that begins with solid foods but then progresses to liquids. This usually occurs once the esophageal lumen diameter is less than 13 mm.

Weight Loss

Baggy-pants

Weight loss is due to a lack of appetite, dysphagia, and cancer-related anorexia.

Anemia

Anemone

Chronic gastrointestinal blood loss from esophageal cancer may result in iron deficiency anemia. Yet, patients rarely notice melena, hematemesis or blood in regurgitated food. Similarly, acute upper gastrointestinal bleeding is rare and is a result of tumor erosion into esophageal veins, the aorta or bronchial arteries.

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