Esophageal Squamous Cell Carcinoma Diagnosis and Management

Esophageal squamous cell carcinoma is primarily diagnosed by endoscopy with biopsy. A barium swallow can also be used, and will reveal a classic "apple core" appearance. Ultrasound and CT are other imaging modalities that can be used for diagnosis. Chemotherapy with radiation can be used for high grade, metastatic lesions whereas surgery is indicated for lesions confined to the esophagus or with minimal invasion. Complications include esophageal stenosis and tracheoesophageal fistula. Unfortunately, this disease has a poor prognosis.



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Diagnosis

Endoscopy with Biopsy
Endoscopy and Biopsy-needle
Endoscopy is mandatory and is used to visualize the neoplasia as well as to obtain a biopsy sample.

Barium Swallow
Swallow with Berries
A barium swallow is typically performed first in the workup for this type of neoplasia.

"Apple Core" Appearance
Apple Cores
On a barium swallow, the imaging findings resemble an apple core. This occurs because the tumor invades the esophageal lumen creating a narrow path for the barium to progress. The "core" shows the barium that has progressed through the narrow lumen and the darker shaded part shows the surrounding tumor.

Ultrasound
Ultrasound-machine
Endoscopic ultrasound is often used for staging.

CT Scan
Cat Scanner
A CT scan is used to evaluate the characteristics of the neoplasia, the degree of invasion into the surrounding tissues, and the presence of distant metastases. These factors ultimately help in staging the tumor.

Management

Chemotherapy and Radiation
Chemo-head-wrap and Radiation-radio
Chemotherapy and Radiation are used to treat this neoplasm. Chemotherapeutic regimen varies from patient to patient. Locally metastatic disease is typically managed with 5-fluorouracil in combination with radiation.

Surgery
Surgeon
Surgical resection is the only definitive treatment in cases in which the disease is localized only to the esophagus or minimally invasive.

Considerations

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Esophageal Stenosis

Esophagus-Sarcophagus Stone Stenosis

Esophageal stenosis is a serious complication of long-standing inflammation since the tumor invades both the cell layers lining the esophagus as well as its lumen.

Tracheoesophageal Fistula (TEF)

Trachea-sarcophagus Fist-tunnel

The tumor can invade adjacent tissues such as the trachea or even the bronchi. As barriers are eroded, fistulae can develop. Clinical signs of TEF include dry cough and hemoptysis.

Poor Prognosis

Gravestone

The prognosis is typically grave. Patients typically present in advanced stages of the disease and the five year survival rate is estimated to be between 5-20%.

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