Synchronous squamous cell carcinoma in the esophagus and stomach: A case report

To the Editor,

Squamous cell carcinoma (SCC) of the stomach is uncommon, with an incidence of less than 1% worldwide. A synchronous cancer of squamous cell origin found in the esophagus and stomach is extremely rare among gastrointestinal cancers. A review of the English literature revealed only one published case. Here, we would like to report a case of SCC of esophagus and stomach from China.

A 66-year-old man was admitted to our department with abdominal distention of 2 weeks' duration and melena. No abnormal findings were revealed throughout physical examination. His upper gastrointestinal endoscopy revealed an elevated lesion in the anterior wall of esophagus marking from 28 to 30cm from upper incisor (Figure 1). Histological examination of the lesion showed it was poorly-differentiated SCC (Figure 2). Simultaneously, a protruding and cauliflower-shaped mass of approximately 5 cm ×4 cm near the gastric fundus was detected (Figure 3). Endoscopic biopsy revealed the diagnosis of well differentiated SCC. The great majority of cells showed both cytoplasmic and nuclear reactivity for ki-67 protein immunostain (Figure 4). Ultrasound abdomen and contrast enhanced computed tomography showed no distant metastasis other

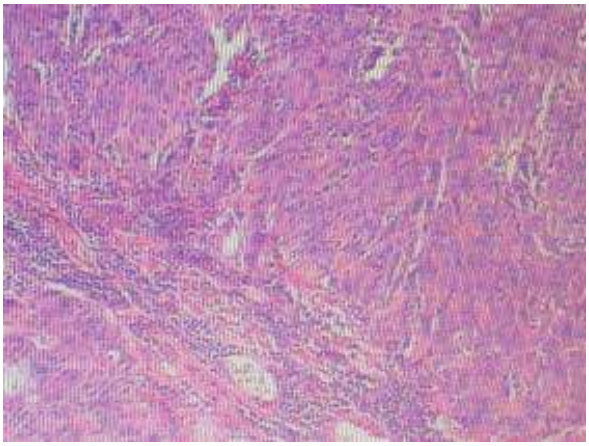

Figure 2. Histological examination of the elevated lesion showed it was poorly-differentiated SCC (H&E, ×100).

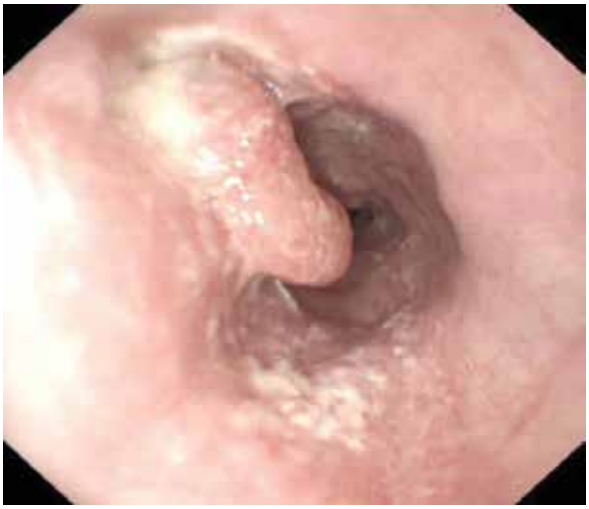

Figure 1. Endoscopic examination revealed an elevated lesion in the anterior wall of esophagus.

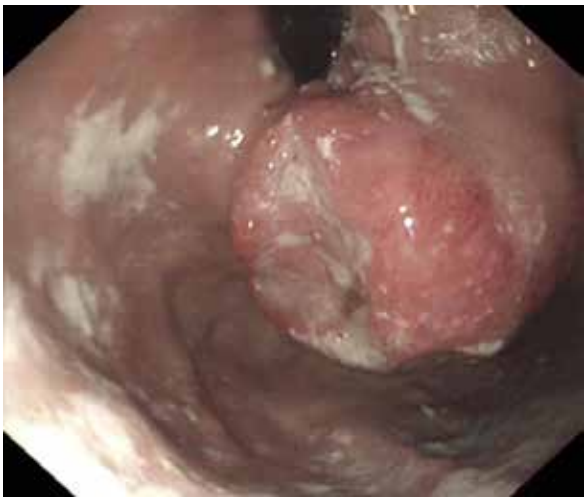

Figure 3. Endoscopic examination revealed a protruding and cauliflower-shaped mass near the gastric fundus.

Address for Correspondence: Lei Shi, Department of Gastroenterology, Eighth Affiliated Hospital of Guangxi Medical University, Guigang, China
E-mail: ycymoment@hotmail.com
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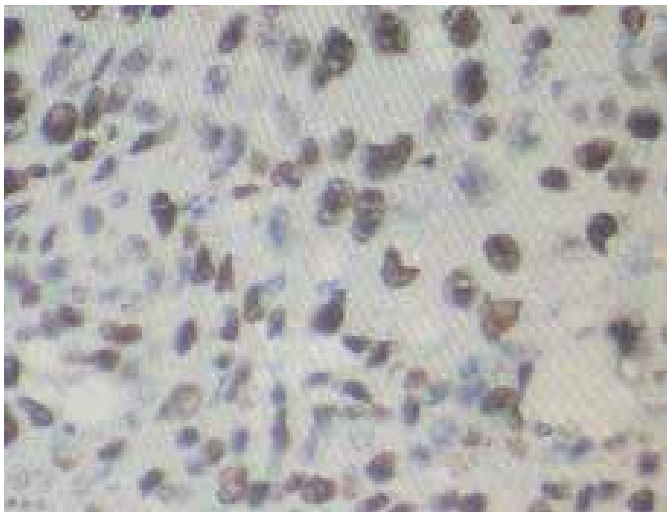

Figure 4. Histological examination of the gastric lesion showed nuclear and cytoplasmic reactivity with ki-67 protein immunostain (×400).

than suspicious cancerous lesion in stomach and esophagus. The patient refused any further aggressive treatment due to high-cost, including surgery, chemotherapy, and radiotherapy.

The diagnosis of a synchronous cancer should meet the diagnostic standards recommended internationally (1). First of all, cancer lesions must be pathologically different. Secondly, they must be separated by at least 1.5 cm of normal tissue. Thirdly, both lesions should have mucosal lesions.No conclusive statement about the pathogenesis of SCC of the stomach can be made on the basis of present literature or this case report.

In this study, we present a case of a man with a synchronous SCC in separate locations with different histological characteristics. Although the cause and development of this rare entity remain speculative, surgical reconstruction is advocated (2). In most studies, the stomach lesion was resectable and total gastrectomy with esophagoduodenostomy were usually recommended, especially in the advanced stage (3). Other cases described show combination therapy, including surgical resection, radiation therapy and chemotherapy, play a crucial role in the long-term survival (4). Recent studies describe a case of SCC in situ arising from squamous metaplasia in the stomach, which was successfully treated with endoscopic submucosal dissection (ESD) (5). We advocated that endoscopic treatment may be complementary to both surgery and radiotherapy and considered as the procedure of choice for patients with early SCC in the future. Meanwhile, the patient is scheduled to undergo a long-term follow-up endoscopy of the upper gastrointestinal tract is greatly needed.

Conflict of Interest: No conflict of interest was declared by the authors.

Lei Shi, Fu-jian Liu, Qiu-hong Jia, Hang Guan, Zhao-jiong Lu

Department of Gastroenterology, Eighth Affiliated Hospital of Guangxi Medical University, Guigang, China

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