

# Esophagocoloplasty in Esophageal Cancer Associated with Synchronous Gastric Cancer



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## Introduction

Esophageal cancer is primarily known to be associated with head and neck and respiratory cancer, but the incidence of its association with gastric cancer is also high, especially in Japan.<sup>1,2,3</sup> The frequency of synchronous esophageal and gastric carcinomas is increasing due to development of more sophisticated invasive and non-invasive diagnostic tools and an increased number of elderly patients. For surgical treatment of esophageal cancer, one has to choose either the colon or the remaining stomach for esophageal reconstruction.<sup>3</sup> It is therefore important to determine whether synchronous gastric cancer is present or not, and the determination of its location and stage when present<sup>1,3</sup>

## Case Report

### Identification

Male,  
44 years old

### Past medical history

Smoker, ethylic consumption

### History of present illness

The patient complained of epigastric abdominal pain, pyrosis and postprandial dyspepsia for a period of one year. Therefore a gastroduodenal endoscopy with biopsy was performed.

### Complementary examination

Endoscopy: vegetative tumor of lower third of the esophagus and a ulcerating lesion in the stomach (*body*) (Fig.1 and Fig.2).  
Histology: squamous cell carcinoma of the esophagus and gastric adenocarcinoma.

### Surgery treatment

The patient was submitted to cervicotomy with almost total esophagectomy and total gastrectomy with esophagocoloplasty.

### Pathological anatomy

Well differentiated squamous cell carcinoma of the esophagus (Fig. 3 – 40x amplification)

Intestinal type adenocarcinoma of the stomach associated with signet ring cells.

The neoplasia has infiltrating margins and invades the muscularis (4a - 40x, 4b – 100x, 4c – 400x)

### Evolution

In the postoperative the patient showed acute respiratory dysfunction syndrome and was admitted at Intensive Care Unit for a period of ten days. Before he started oral intake, a barium esophagram was performed (Fig. 5a and 5b). After his stay at Intensive Care Unit he recovered very well and was discharged 20 days after surgery.

## Conclusion

Synchronous gastric and esophageal cancers are not rare. In patients with esophageal cancer, the high incidence of concurrent gastric cancer makes a very careful examination of the stomach, especially its upper third, essential. Furthermore, if gastric cancer is present, its location and stage must be determined. The remainder of the stomach can then be used as an esophageal substitute depending on curability of the esophageal cancer.

## References

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