Esophageal Carcinoma in a Pregnant Woman Who Has Prior History of Gastric Cancer

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ABSTRACT

Esophageal cancer in pregnancy is a very rare condition. Symptoms can be confused with pregnancy related complaints and diagnosis may delay. Mild gastrointestinal symptoms related to pregnancy are usually seen in first trimester, however, dysphagia must be considered as an important symptom. Upper gastrointestinal endoscopy can be performed safely during pregnancy but it should be delayed to the second trimester, if there is no alarm symptom or urgent condition. Management of esophageal carcinoma in pregnancy can be difficult and a specific management has not been discussed. We report here a case of esophageal carcinoma, which diagnosed at the second trimester of pregnancy.

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Key words: Esophageal cancer; Pregnancy; Endoscopy
especially in first trimester, however, high risk conditions, such as refractory nausea and vomiting, dysphagia or odynophagia, gastrointestinal bleeding, family history of gastrointestinal cancer must be well described. EGD is generally safe during pregnancy but should be postponed to the second trimester whenever possible\[3\]. Esophageal cancer was diagnosed at advanced stage, inoperable and showed poor prognosis in reported pregnant cases\[1, 2\]. Gestational age of fetus, stage of tumor, maternal condition, and patients decision must be considered in management. Although a specific management has not been discussed for esophageal cancer in pregnancy, there are some informations about gastric cancer in the literature. In Sakamato’s review reported that, if diagnosis of gastric cancer was made prior the 24 weeks of gestation, patients were treated surgically following the termination of pregnancy. Most of the patients whom gastric cancer was diagnosed 28 weeks of gestation and beyond, successfully underwent cesarean section or vaginal delivery. Decision is difficult at 24 to 27 weeks of gestation\[4\].

Another important point in our case is development of esophageal squamous cell carcinoma after gastrectomy. Some authors reported that it is only incidental\[5\], however some experimental studies demonstrated that carcinogenetic effects of the reflux of gastroduodenal contents on the esophagus is frequently observed after gastrectomy\[6, 7\]. Kitayabashi et al reported that gastrectomy may precipitate chronic gastroesophageal reflux and it can induce the development of squamous dysplasia and carcinoma\[8\]. This effect may be considered for our patient.

In conclusion, diagnosis and management of esophageal cancer may be difficult in pregnancy because of the pregnancy related conditions. EGD should be performed in cases with high risk and persistent symptoms. Future studies are required to description of optimal management strategy in these patients.

CONFLICT OF INTERESTS
The authors declare that they do not have conflict of interests.

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