CASE REPORT

Endoscopic polypectomy: A promising therapeutic choice for esophageal carcinosarcoma

Feng Ji, Yue-Mei Xu, Cheng-Fu Xu

Feng Ji, Yue-Mei Xu, Cheng-Fu Xu, Department of Gastroenterology, the First Affiliated Hospital, College of Medicine, Zhejiang University, Hangzhou 310003, Zhejiang Province, China

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Correspondence to: Feng Ji, MD, PhD, Department of Gastroenterology, the First Affiliated Hospital, College of Medicine, Zhejiang University, Hangzhou 310003, Zhejiang Province, China. jifeng1126@sina.com

Telephone: +86-571-87236568 Fax: +86-571-87236611

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Abstract

Esophageal carcinosarcoma is a rare malignant tumor composed of both carcinomatous and sarcomatous elements. Endoscopic therapy is less invasive and may represent an alternative to esophagectomy for superficial esophageal carcinosarcoma. Here, we report a case of esophageal carcinosarcoma who underwent endoscopic polypectomy with well tolerance and favorable prognosis.

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Key words: Carcinosarcoma; Endoscopic polypectomy; Endoscopic ultrasonography

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INTRODUCTION

Esophageal carcinosarcoma is a rare malignant neoplasm consisting of both carcinomatous and sarcomatous components[1]. Esophagectomy has been traditionally considered the first option for esophageal carcinosarcoma patients[1]. Endoscopic therapy is less invasive and allows the esophagus to be preserved, and may represent an alternative to esophagectomy for superficial esophageal carcinosarcoma. We here report a case of esophageal carcinosarcoma who underwent endoscopic polypectomy with well tolerance and favorable prognosis.
revealed positive vimentin (Figure 3D), negative SMA or desmin (Figure 3E and F), suggesting that the sarcoma has a mesenchymal origin.

Polypectomy was performed. The patient recovered well and was discharged three days later with no relapse 17 mo after operation.
DISCUSSION

Carcinosarcoma is a rare esophageal tumor showing polypoid configurations, with an incidence of 0.1%-1.5% of all esophageal malignancies. This type of tumor is usually composed of invasive and/or in situ squamous carcinoma cells surrounding the base and surface of esophageal tumor and sarcomatous spindle cells forming the body of polypoid mass.

The clinical presentation of esophageal carcinosarcoma is similar to that of squamous cell carcinoma with dysphagia as the most prominent and frequent symptom. The mean age of patients at diagnosis in both histological groups is 70 years with a strong male predominance. The anatomic distribution of both tumor types follows a similar pattern with the middle third of esophagus being the most common location. The bulky nature of esophageal carcinosarcoma is due to its earlier clinical manifestations of dysphagia and obstruction, which may also explain why the more favorable prognosis is associated with carcinosarcoma rather than with other esophageal tumors.

The histogenesis of sarcomatous spindle cell component of esophageal carcinosarcoma is still controversial. Some cases of esophageal carcinosarcoma with osteosarcoma, basaloïd squamous carcinoma and rhabdomyosarcoma have been reported. In our case, the esophageal tumor consisted of both carcinomatous and sarcomatous parts, and immunohistochemistry of sarcomatous parts revealed positive vimentin, a mesenchymal tumor immunomarker.

The treatment modality for esophageal carcinosarcoma include esophagectomy, endoscopic resection, chemo-radiotherapy, etc. TNM staging is a critical determining factor for treatment decisions. Imaging methods such as EUS, CT and positron emission tomography (PET) play an important role in TNM staging. Compared with CT and PET, EUS is superior for T and N staging of esophageal cancer. Esophagectomy has been traditionally considered the first option for esophageal carcinosarcoma patients. With the advances in micro-invasive techniques, endoscopic procedures, including endoscopic polypectomy, endoscopic mucosal resection and endoscopic submucosal dissection, may represent an alternative to esophagectomy for superficial esophageal carcinosarcoma and are more tolerable, less invasive, less expensive, and most importantly, allow the esophagus to be preserved, compared with traditional esophagectomy.

In our case, endoscopic examination showed a pedunculated polypoid esophageal mass, biopsy indicated the diagnosis of carcinosarcoma, EUS and CT scan showed no evidence of local and distant metastases. Endoscopic polypectomy was subsequently performed. The patient tolerated well to the operation, recovered well, with no relapse during the 17-mo follow-up period, suggesting that endoscopic polypectomy is a promising therapeutic choice for esophageal carcinosarcoma.

In summary, esophageal carcinosarcoma is a rare disease entity. EUS is a useful and accurate method for T and N staging of esophageal carcinosarcoma. Endoscopic therapy is an interesting alternative to surgery for patients with large pedunculated esophageal carcinosarcoma with no involvement of lymph nodes.

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