Endoscopic mucosal resection of an oesophageal carcinoid tumour

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DESCRIPTION

A 59-year-old female with Sjogren's disease presented with progressive dysphagia and intermittent retrosternal discomfort. She underwent an oesophago-gastro-duodenoscopy, which identified an oesophageal lesion at 30 cm from the incisors (figure 1). Histopathological analysis demonstrated a nested proliferation of bland epithelioid cells deep to the intact squamous mucosal surface. Staining showed positivity for the cytokeratins, CAM 5.2 and AE1/3, as well as for the neuroendocrine synaptophysin, but negativity for chromogranin. It was felt that the most likely diagnosis was a well-differentiated neuroendocrine tumour. An octreotide-somatostatin receptor study did not demonstrate any abnormal increased uptake within the oesophagus or

evidence of metastatic disease. Following discussion at the neuroendocrine multidisciplinary meeting, the patient was referred for endoscopic ultrasonography. This confirmed that the lesion was contained within the submucosa, with no extension into the muscularis propria. Endoscopic mucosal resection of the tumour was carried out, with application of three endoscopic clips for delayed bleeding. The tumour was found to measure 3 mm in its maximum diameter, and was 2 mm from the diathermied base of excision, with a nested proliferation of bland tumour cells with no cytological atypia, and some clearing of the cytoplasm was noted (figure 2). The appearances were felt to be in keeping with a carcinoid tumour of the oesophagus.

Figure 1 Lesion identified on oesophagoscopy at 30 cm from the incisors.

Figure 2 Histopathological specimen following endoscopic mucosal resection showing tumour margin at 2 mm from the diathermied base of excision. T, tumour; MM, muscularis mucosae.

Learning points

- Carcinoid tumours are a subgroup of neuroendocrine tumours that arise from enterochromaffin cells, with the vast majority occurring within the midgut, particularly the appendix or ileum. Carcinoid tumours of the foregut are less common, usually involving the lung, stomach or duodenum; however, carcinoid tumours of the oesophagus are remarkably rare. Unfortunately, many patients present at an advanced stage, with extensive metastatic disease precluding curative surgery.
- Although endoscopic mucosal resection of small gastric and duodenal carcinoid tumours has been recognised as a treatment modality in several cases within the literature, there are only a few reports, to our knowledge, in which an oesophageal carcinoid tumour has been identified, or removed this way.^{1–3}
- This case clearly demonstrates the importance of a multidisciplinary approach in determining a patient-centred treatment strategy. Through the appropriate use of endoscopic ultrasound in this patient's case it was demonstrated that this rare carcinoid tumour had not extended beyond the submucosa and could therefore be curatively resected endoscopically without the need for major surgery and any associated morbidity or risk of mortality.

Competing interests None.

Patient consent Obtained.

Provenance and peer review Not commissioned; externally peer reviewed.

To cite: Eccles JK, McManus DT, Mainie I. *BMJ Case Rep* Published online: [please include Day Month Year] doi:10.1136/bcr-2012-008288

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