ENDOSCOPY OF EARLY ESOPHAGEAL CANCER

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We have conducted esophagoscopy in 6457 cases during the past six years and a half. Carcinoma of the esophagus and esophago-cardia was found in 30%. Most of these cancers appeared as large, advanced cancer, and the superficially infiltrated cancer was rare and found only in 13 cases. (Tab. 1).

Case 1: The esophagofiberscopic picture showed a localized small tumor on the posterior wall of the mid-thoracic esophagus. Its surface was a little reddish, rough and uneven (Fig. 1). It was fragile and easy to bleed in contact with the instrument. Simultaneously performed biopsy under direct vision revealed carcinoma epidermoide and measurement of the radioactive phosphorus uptake could be also diagnosed as malignancy.

In the resected specimen the size of the lesion was 2.2 cm × 1.5 cm. The lesion was localized and had an uneven surface (Fig. 2). The invasion was limited as far as the submucosa (Fig. 3).

Case 2: The esophagoscopic picture revealed a flat, slightly reddish elevation on the posterior wall of the mid-thoracic esophagus. It had the uneven surface, appearing map-like with irregular indentations. This tumorous lesion was riding on the longitudinal mucosal folds appearing during esophageal contracion and moved together with the folds. The biopsy under direct vision revealed cancerous structures and the measurement of radioactive phosphorus uptake also showed the malignant counts.

In the resected specimen, the lesion was localized, somewhat irregular, flat elevation with the uneven surface. The size of this lesion was 1.5 cm × 1.5 cm.

Histologically the cancer type was carcinoma epidermóides mesoalveolare and the infiltration of cancer was mostly limited to the mucosa except for a small area of breaking through the lamina muscularis mucosae.

Fig. 1
Case 3: The esophagofiberscopic picture showed the reddish, erosion-forming lesion on the anterior wall of the mid-thoracic esophagus. Its surface was rough and slightly depressed. The boarderline with normal esophageal epithelia seemed to be clear.

In the resected specimen, the size of the lesion was 1.8 cm × 1.2 cm, and its surface was reddish and localized.

Histologically the infiltration of cancer was limited to the mucosa.

Case 4: In the esophagofiberscopic picture, the small, ulcerated lesion could be seen on the right-posterior wall of the mid-thoracic esophagus. The margin of the ulcerated lesion was localized and elevated (Fig. 4). Biopsy revealed carcinoma epidermoides and the operation was performed.

In the resected specimen the lesion was localized and ulcerated form. The size of the lesion was 1.4 cm × 1.2 cm (Fig. 5).

The infiltration of cancer was limited as far as the submucosal layer (Fig. 6).