

Oesophageal Tumours

- 6th most common cancer worldwide
- Squamous tumours in the middle third account for about 40% of cancers
- Adenocarcinomas occur in the lower third of the oesophagus and the cardia and represent about 45%

Clinical Features

- Occur mainly in 60-70 year olds
- Dysphagia is progressive and unrelenting
- Initially difficulty with solids
- Impaction with food causes pain
- Persistent pain implies infiltration of adjacent structures
- Direct invasion and local spread to lymph nodes is more common than disseminated mets
- Weight loss is frequent
- Coughing and aspiration is common
- Weight loss, anorexia and lymphadenopathy are the commonest physical signs

Investigation

Diagnostic

- Endoscopy
- Barium Swallow

Staging

- CT
- MRI
- Endoscopic Ultrasound
- Laparoscopy
- PET

Treatment

Treatment is dependent on the age and performance status of the patient and the stage of the disease. Five year survival with stage one is 80%, stage 2 is 30%, stage 3 is 18% and stage 4 is 4%.

Some 70% of patients present with stage 3 or greater disease.

Management should be undertaken with multidisciplinary teams:

- Surgery (best chance of a cure but only when the tumour has not infiltrated outside the oesophageal wall)
- Chemorads
- Palliative
- Photodynamic Therapy
- Chemorads alone
- Nutritional support

Other oesophageal tumours

- GI Stromal Tumours
- Leiomyomas
- Small benign tumours
- Kaposi's Sarcoma