

Esophageal metastasis of rectal cancer: A case report and literature review

Nisrine Acharfi ¹, Raihanna Boujarnija¹, Karima Oualla¹, Zineb Benbrahim¹, Samia Arifi¹, Hind El fatemi², Meryem Boubou ³, Zahra Bouhnoun⁴, Mohammed El Abkari⁴, Adil Ibrahimi ⁴, Nawfel Mellas ¹

¹Department of Medical Oncology ,Hassan II University Hospital, Fez , Morocco

²Department of Pathology ,Hassan II University Hospital ,Fez , Morocco

³Department of Radiology , Hassan II University Hospital ,Fez, Morocco

⁴Department of Gastro enterology ,Hassan II Hospital ,Fez ,Morocco

ABSTRACT

Esophageal metastases are rare. We report the case of a patient with a secondary oesophageal localization of a rectal adenocarcinoma collated in the medical oncology department of CHU HASSAN II of Fez. The patient had a dysphagia of 1 month. Endoscopy digestive had objectified an esophageal tumor. An histological examination had confirmed the metastatic esophageal nature of a rectal cancer .But considering the presence of multiple metastatic sites in the liver and lung. A palliative chemotherapy was started . She died two weeks later. The aim of this work is to show the rarity of this entity and describe the clinical, radiological, pathological, and prognostic features, in addition to therapeutic management.

Key Words: Dysphagia - rectal cancer - Esophageal metastases

INTRODUCTION :

The incidence of esophageal metastases is low [1]. These can be confused with benign oesophageal stenosis or primary cancer of the esophagus hence the interest of digestive fibroscopy with biopsy[2]. Few patients remain candidates for curative resection [3].

CASE PRESENTATION :

We report a case of 37-year-old women treated in the department of medical oncology at Hassan II University hospital in Fez for adenocarcinoma of rectum who initially received a concomitant radiochemotherapy and operated after having undergone anterior resection of the rectum with colo anal anastomosis .

One year after , the patient had bone liver and lung metastases. She received first line chemotherapy 4 cycles of XELOX.

After the fourth cycle, a patient presented with progressively worsening dysphagia associated with postprandial vomiting. The fibroscopy objectified a stenosal oesophageal tumor .

The biopsy and an anathomopathological study objectified an oesophageal location of a moderately differentiated and infiltrating adenocarcinoma

The evaluation radiological assessment showed the appearance of oesophageal thickening and the progression of secondary pulmonary localizations (FIGURE)

Tumor markers were high. After the completion of a feeding jejunostomy, second-line chemotherapy with FOLFIRI was initiated. After a single cycle, the patient died .

DISCUSSION:

The first case of esophageal metastasis that has been described in the literature is that of a prostatic primitive[4]. Other cases of various primitives have been reported including the breast [5]the ovarian[6] the lung [7]and the liver cancers[8] .

Esophageal metastases of colorectal cancer are rare. Some cases have been reported in the literature. [1] [9][10] [11] .In autopsy series their incidence was 0.3 to 6% [2] [12].

The mechanisms of dissemination and appearance of these oesophageal metastases are hematogenous and lymphatic [1].

Clinically, esophageal metastases are revealed by dysphagia, vomiting and hematemesis. [13] .Esophageal infiltration is most often located in the submucosal region [2] .

Digestive endoscopy shows the presence of luminal stenoses with an overlying normal mucosa, often making the histological diagnosis difficult [14] .The abdominal thoraco scan shows a concentric thickening of the esophageal wall, a narrowing of the esophageal lumen without apparent extrinsic mass [15].

In our patient, the biopsies showed an oesophageal mucosa infiltrated with carcinomatous tumor proliferation arranged in glands and cribiform massifs.

There is no therapeutic standard for the treatment of oesophageal metastases. However, local radiotherapy or systemic chemotherapy may be initiated because of the multiplicity of metastatic sites [3].

Surgery type oesophagectomy may be recommended in case of early tumor slowly evolving.

Esophageal stents may also be made and proposed to patients as a palliative strategy [16] .

Surgical resection of metastatic lesions of other organs remains difficult due to lack of clinical benefit and high morbidity [1] .In our patient, because of the presence of bone and pulmonary liver metastases, we opted for palliative chemotherapy.

Conclusion:

Esophageal metastases of colorectal cancer remain rare. Thus any dysphagia in a patient with colorectal cancer will require a gastrointestinal endoscopy with multiple biopsies.

The treatment of esophageal metastases and their prognosis are mainly based on the nature of the primitive and the distance extension assessment.

[1]Hideo Kagaya Joji Kitayama Akio Hidemura Shoichi Kaisaki Hironori IshigamiJunko Takei Takamitsu Kanazawa Hirokazu Nagawa
Metastatic Esophageal tumor from cecal carcinoma
Japanese Journal of Clinical Oncology, Volume 37, Issue 8, August 2007, Pages 628–631

[2] Mizobuchi S, Tachimori Y, Kato H, Watanabe H, Nakanishi Y, Ochiai A. Metastatic esophageal tumors from distant primary lesions: Report of three esophagectomies and study of 1835 autopsy cases. *Jpn J Clin Oncol.* 1997;27:410–414

[3] Sarah C. Thomasset,* Giuseppe Garcea, and David P. Berry Oesophageal Metastasis from Colorectal Cancer *Case Rep Gastroenterol.* 2008 Jan-Apr; 2(1): 40–44.

[4] Gross P, Freedman LJ. Obstructing secondary carcinoma of the esophagus. *Arch Pathol.* 1942;33:361–364.

[5]Fujii K, Nakanishi Y, Ochiai A, Tsuda H, Yamaguchi H, Tachimori Y, Kato H, Watanabe H, Shimoda T. Solitary esophageal metastasis of breast cancer with 15 years' latency: a case report and review of the literature. *Pathol Int.* 1997 Sep;47(9):614-7.

[6]Asamura H1, Goya T, Hirata K, Suemasu K, Itabashi M, Matsuno Y, Hirota T. Esophageal and pulmonary metastases from ovarian carcinoma: a case report of long-term survival following metastatic resections. *Jpn J Clin Oncol.* 1991 Jun;21(3):211-7.

[7]Oka T, Ayabe H, Kawahara K, Tagawa Y, Hara S, Tsuji H, Kusano H, Nakano M, Tomita M. Esophagectomy for metastatic carcinoma of the esophagus from lung cancer. *Cancer.* 1993 May 15;71(10):2958-61.

[8]Tsubouchi E1, Hirasaki S, Kataoka J, Hidaka S, Kajiwara T, Yamauchi Y, Masumoto T, Hyodo I. Unusual metastasis of hepatocellular carcinoma to the esophagus. *Intern Med.* 2005 May;44(5):444-7.

[9]Fischer MS. Metastasis to the esophagus. *Gastrointest Radiol.* 1976;1:249–251.

[10] Lohsiriwat V, Boonnuch W, Suttinont P. Esophageal metastasis from rectal carcinoma. *J Clin Gastroenterol.* 2005;39:744

[11] Pankaj G. Vashi, Digant Gupta,* and Bradford Tan Colon Carcinoma with Unusual Metastasis to the Esophagus Manifesting as Multiple Nodules and Dysphagia: Management with Systemic Chemotherapy *Case Rep Gastroenterol.* 2012 May-Aug; 6(2): 484–488.

[12] ABRAMS HL, SPIRO R, GOLDSTEIN N. Metastases in carcinoma; analysis of 1000 autopsied cases. *Cancer*. 1950 Jan;3(1):74-85.

[13] Simchuk EJ, Low DE. Direct esophageal metastasis from a distant primary tumor is a submucosal process: A review of six cases. *Dis Esophagus*. 2001;14:247–250.

[14] Simchuk EJ1, Low DE. Direct esophageal metastasis from a distant primary tumor is a submucosal process: a review of six cases. *Dis Esophagus*. 2001;14(3-4):247-50.

[15] Itai Y, Kogure T, Nomura M. Secondary esophageal carcinoma: report of two cases showing intraluminal tumor. *Radiat Med*. 1983 Jan-Mar;1(1):53-4.

[16] Knyrim K1, Wagner HJ, Bethge N, Keymling M, Vakil N. A controlled trial of an expansile metal stent for palliation of esophageal obstruction due to inoperable cancer. *N Engl J Med*. 1993 Oct 28;329(18):1302-7.