Esophageal Adenocarcinoma Originating from the Esophageal Gland Duct

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Case Report

A 66-year-old woman was admitted to our hospital to undergo treatment for esophageal adenocarcinoma which was diagnosed by an endoscopic biopsy at a previous hospital. Esophagogastroduodenoscopy showed an 8-mm elevated lesion at the middle thoracic esophagus with a recess on top (Picture 1a). Magnifying, narrow-band imaging showed a depressed, brownish area and a papillary-like structure with multiple looped vessels on the surface (Picture 1b). En bloc endoscopic submucosal dissection (ESD) was performed. A histopathological examination showed that the adenocarcinoma was confined to the lamina propria mucosae, without margins or lymphovascular invasion (Picture 2). Immunohistochemical examinations (Picture 3) revealed esophageal adenocarcinoma originating from the esophageal gland duct. No recurrence was evident five years after ESD.
noma originating from a true esophageal gland and ectopic gastric mucosa is rare (1, 2). We herein report the first case of this type of esophageal adenocarcinoma treated with ESD.

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Author contributions: Manuscript production: Mitsuhiro Kono Conducting the study, endoscopy: Yasuaki Nagami Pathological diagnosis: Ohsawa Masahiko Management of patient enrollment, Overall director for the present manuscript: Yasuhiro Fujiwara

Informed Consent statement: Additional informed consent was obtained all patients for which identifying information is included in this article.

This article does not contain any studies with human or animal subjects performed by any of the authors.

References


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