



SQUAMOUS CELL ESOPHAGIAL CARCINOMA WITH ESOPHAGEAL-PLEURAL FISTULA: A RARE CASE REPORT

Medicine

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ABSTRACT

Esophageal cancer presents with most common symptoms like dysphagia, vomiting, epigastric pain. We report a case of 45-year old male who was known case of squamous cell carcinoma esophagus, patient was on chemotherapy since 2 years presented to emergency with complaints of left sided chest pain and cough with sputum since 2 days. On clinical evaluation and routine investigation with a chest X-Ray found to have left pleural effusion, ultrasonography thorax was suggestive of left side pleural effusion and CECT chest was suggestive of moderate left hydro pneumothorax communicating with esophageal lumen. On ICD insertion thick purulent fluid drained. Presentation of esophageal cancer directly as pyothorax without any symptoms like fever, dysphagia, septic shock is not common phenomenon. This case reinforce us to think about rare presentation and progression of any disease.

KEYWORDS

Esophageal cancer, pyothorax, Squamous cell carcinoma, Trachea-esophageal fistula.

INTRODUCTION

Esophageal carcinoma eighth most common cancer worldwide¹. Esophageal adenocarcinoma (EADC) and esophageal squamous cell carcinoma (ESCC) represents 90% of all esophageal cancers. Squamous cell carcinoma remains most common histological type.² Esophageal cancer continues to be a male dominant disease. The American Cancer Society estimates 19260 new cases esophageal cancer diagnosed in the United States in 2021 in them 15,310 were men and 3,950 women³ There were about 15,530 deaths due to esophageal cancer in which 12,410 were men and 3,120 women. Esophageal cancer is more common among men than among women. The lifetime risk of esophageal cancer in the United States is about 1 in 125 in men and about 1 in 417 in women. The International Agency for Research on Cancer (IARC) estimates that there were about 450,000 cases of esophageal cancer in 2012: 88% cases of ESCC and 12% cases of EADC⁴ The incidence of Esophageal adenocarcinoma increasing due to risk factors such as overweight and obesity⁵. The risk factor for squamous cell cancer tobacco use and alcohol consumption.⁶ Esophageal fistula incidence in patients of carcinoma esophagus patients who are receiving chemotherapy 6-22%.⁷⁻¹⁰ Average five-year survival ranging from 15% to 20%. The treatment of esophageal cancer is based on this staging. Treatment include endoscopic mucosal resection, surgery, chemotherapy and radiotherapy.¹¹

Case Report

A 45 year old farmer, known case of esophageal carcinoma on chemotherapy presented to casualty with complaints left sided chest pain since 2 days associated with cough with purulent sputum. The chest pain was localized, sharp in character, moderate in intensity, increased with cough, not responding to over the counter analgesics, no radiation of pain. Patient had no history of fever, night sweats, hemoptysis or limb swelling.

The patient was known case of cancer esophagus of squamous variety with moderate differentiation. Patient was chronic smoker, smoking I bundle bidi 8 pack year. Rest history was unremarkable. Physical examination revealed saturation 98 at room air, blood pressure 110/70 mmhg, tachycardiac with 108 beats/min. chest auscultation was suggestive of decrease air entry on left side.

Lab workup revealed leukocytosis with counts of 19000 with neutrophilic predominance of 80%, chest radiograph (figure 1) revealed left sided pleural effusion, on chest sonography loculated

pleural effusion with increased echogenicity was noted and a suspicion of empyaema was raised. Patient was immediately managed with chest drain insertion on effected side. Thick yellow and purulent fluid obtained and sent for analysis which revealed group D streptococci bacteria with pleural fluid TLC 14705. Contrast enhanced computer tomography (CECT) chest was obtained (figure 2 and figure 3) which revealed left sided moderate pyopneumothorax communicating with esophageal lumen. Thick cavitary lesion in left lower lobe communicating with distal esophagus which was circumferentially thickened irregular.

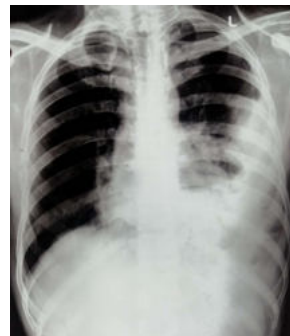


Figure 1 -Chest radiograph of patient

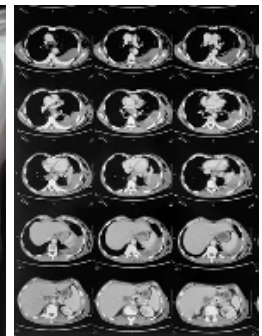


Figure 2- CECT chest of patient

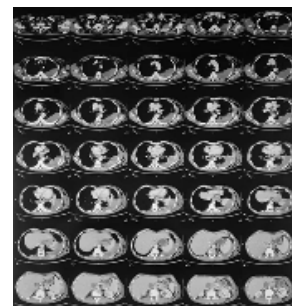


Figure 3- CECT chest of patient

DISCUSSION

Esophageal perforation has very high mortality rate. The main risk factors for esophageal perforation iatrogenic, endoscopic procedures are most common causes. Mortality rate is 10-25% if treated within 24 hours and it increases up to 40-60% if treatment is delayed.¹² The main presenting feature of esophageal perforation pain at site of lesion , other features perforation , dysphagia, fever, low blood pressure ,cough, tachypnea, vomiting, hematemesis.¹³ The esophageal perforation leads to sepsis which increases mortality rate.

This case was reported to due rare presentation. As patient was haemodynamically stable and patient was presented with chest pain, no history of fever, no complaints of dysphagia. After inserting intercostal drainage tube, patient complaints of appearing food particle in intercostal drainage bag. That helped us to think about esophageal pleural fistula. After contrast enhanced computer tomography diagnosed was made. Patient was managed conservatively by keeping nil per oral, parenteral nutrition, intravenous antibiotics. Patient was referred to cardiothoracic vascular surgery department for further management.

CONCLUSION

There was rare presentation of esophagus perforation communicating to pleural cavity. Patient was diagnosed with squamous cell carcinoma esophagus with esophageal pleural fistula. Patient was haemodynamically stable and was presented with unusual complaints. This case reinforces us to think about rare presentation of a disease during making diagnosis.

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