International Journal of Health Sciences and Research
www.ijhsr.org ISSN: 2249-9571

Case Report

A Rare Case of Carcinoma Oesophagus in Pregnancy

Ashutosh Bahulekar[1], Afroz Afshan[2], kruthika R Sajjan[3]

[1]Assistant Professor, Department of OBG, KIMS, Karad.
[2]Assistant Professor Department of Physiology, KIMS, Amalapuram.
[3]Senior Resident, Department of OBG, KIMS, Karad, India.

Corresponding Author: Ashutosh Bahulekar

Received: 27/11/2014 *Revised: 15/02/2015* *Accepted: 05/03/2015*

ABSTRACT

We report a case of second gravida with severe hyperemesis. She presented with complaints of hyperemesis with loss of about 6kgs and was admitted to private hospital. There she was treated with antiemetics and IV fluids, but she didn't respond to the treatment, hence was shifted to Krishna hospital for further treatment of hyperemesis with dehydration. She recovered within two weeks with intensive treatment and was discharged. After 15 days, patient again came with complaint of hyperemesis with generalized weakness and dehydration with loss of weight of about 20kgs she underwent all investigations including USG. The USG scan revealed a missed abortion of seven weeks pregnancy, which was later on terminated with misoprostol. Despite termination vomiting did not subside. To further investigate her barium swallow was done. On barium swallow a growth was seen in the lower end of esophagus which had typical rat tail appearance. Endoscopic examination of the patient was done and multiple biopsy were taken. The HPR report of the biopsy showed squamous cell carcinoma and the spread was confirmed by MRI. The patient was then referred to higher center for further treatment.

Key Words: Carcinoma Oesophagus, Pregnancy

INTRODUCTION

Esophageal malignancy is commonly seen in 6th and 7th decades of life and is rare in young age. [1] To date only few cases reported in young age in the world literature as, they are predominantly environment induced and require a long latent period of carcinogenesis. Carcinoma oesophagus was first reported in 2008. [2]

Oesophageal carcinoma in pregnant women is reported as it is rare in pregnancy. The symptoms are frequently masked by factors of the normal pregnancy and diagnostic approaches are restricted by physical and psychological clinical events.

CASE REPORT

A 23 years old pregnant patient with presented with generalized weakness, difficulty in doing day to day work. She also complained of nausea and vomiting 3-4 episodes/day and vomiting was induced vomiting. Patients also complained of significant weight loss. She was treated considering her as a case of hyperemesis in a private hospital. Her symptoms did not subside, hence was referred to Krishna

hospital for management. Physical examination relived a thin built female of 38kgs her vitals are stable and all biochemistry investigation were normal, hence her line of treatment did not change. With intensive treatment patient recovered, dehydration and vomiting reduced. But During this course of treatment patient suffered from bronchitis and pneumonia. Yet, recovered and was discharged after 3 weeks of treatment. Patient later after 15 days came back with same complaints. Patient was even furthermore weak, thin built, and had lost almost 20kgs. All investigations were repeated along with USG. On USG she had missed abortion. Her pregnancy was terminated with misoprostol. Despite termination of pregnancy her symptoms such as nausea, vomiting which were expected to completely stop but, this still persisted. Hence her barium enema was done. On barium swallow finding were narrowing of lower third of esophagus? Malignant stricture with rat tail appearance, then the patient was further advised upper GI endoscopy. On endoscopy, growth around the GE junction was present?? malignancy and scope could not be negotiated further, multiple biopsy were taken from the growth and sent for HPR , biopsies confirmed Squamous cell carcinoma esophagus. Spread was confirmed with MRI.

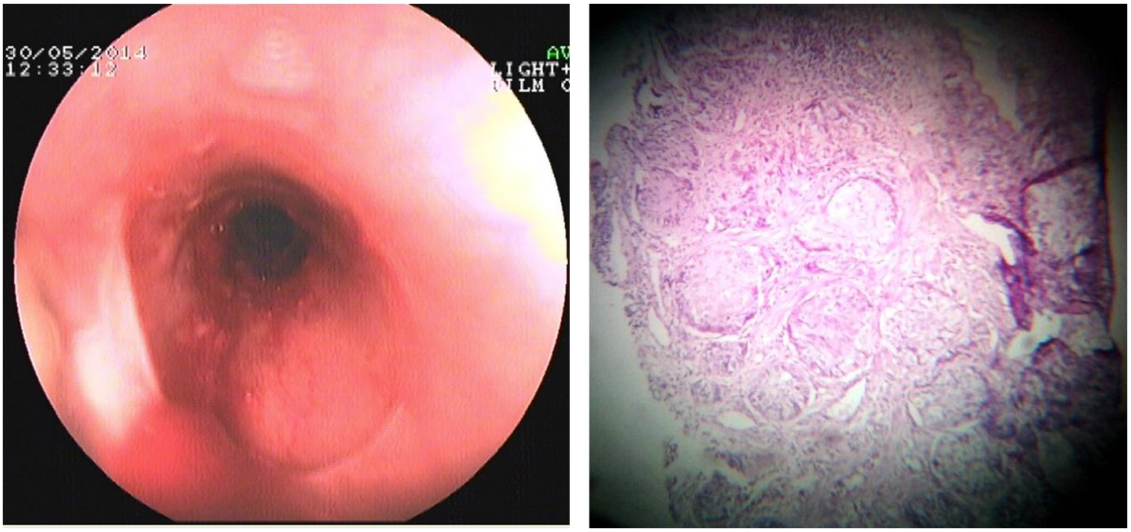

Figure 1: Endoscopic view and histopathology of carcinoma oesophagus

DISCUSSION

Carcinoma esophagus is rare in pregnancy. It was 1st reported in 2008[2]. It cannot be diagnosed until late stage as mild GI symptoms are common in pregnancy and initial symptoms are non specific to cancer hence all the above factors contribute to very high mortality because of gastrointestinal malignancy in pregnancy. Practical guidelines are available for management of gastric and colorectal carcinoma in pregnancy where as for carcinoma esophagus, limited information is available but, in pregnancy practical guidelines for treatment of carcinoma oesophagus are similar to carcinoma stomach. [3] Management of aggressive malignancy in pregnancy is a two edged sword. As in most of the cases when diagnosed it is in advanced stage making it difficult to cure along with continuation of pregnancy. Treatment plan for carcinoma stomach /esophagus in pregnancy is same and are formulated on the bases of number

of weeks of pregnancy. In inoperable cases chemotherapy is the first choice.

DIAGNOSIS	TREATMENT
less than 24 weeks	surgical treatment
25 – 29 weeks	Advanced and resectable : immediate resection despite risk to fetus Early : treatment to be postponed till 30 weeks, i.e. greater period of viability
30 weeks and more	Delivery when infant is viable, followed by radical surgery for the tumor.

CONCLUSION

Prognosis for women with gastric carcinoma in pregnancy is poor. [4] Overall 85% patients die in one year, hence early diagnosis is critical. So a woman below30 years even during pregnancy beyond first trimester complain of GI symptoms (nausea, vomiting and weight loss) carcinoma esophagus/stomach should be considered in differential diagnosis and diagnostic work up should be considered.

REFERENCES

1. Mori M, Ohno S, Tsutsui S, et al. Esophageal cancer in young patients. Ann Thorac Surg 1990: 49: 284-6.
2. Sharma JB, Gupta P, Kumar S, Roy KK, Melhotra N, Challopadhyay TK. Esophageal carcinoma during pregnancy: a case report. Arch Gynecol Obstet 2008: 279:401–2.
3. Ueo H, Matsuaka H, Tamura S. Prognosis in gastric cancer associated with pregnancy. World J Surg 1991: 15:293–7.
4. Jaspers VK, Gillessen A, Quakernack K. Gastric cancer in pregnancy: do pregnancy, age or female sex alter the prognosis? Case reports and review. Eur J Obstet Gynecol Reprod Biol 1999: 87:13–22.

How to cite this article: Bahulekar A, Afshan A, Sajjan KR. A rare case of carcinoma oesophagus in pregnancy. Int J Health Sci Res. 2015; 5(4):349-351.

****