SHORT COMMUNICATION

Esophageal high-grade Neuroendocrine Carcinoma with cerebral Metastases

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INTRODUCTION

A 55-year-old man was transferred to our hospital with headache and mental status that had progressed over the preceding 1 week. Four weeks before presentation, he had presented to the local community hospital with a 1-month history of progressive dysphagia. Gastroscopy revealed an ulcerated tumor on the left anterior wall of the mid esophagus [Figure 1a], about 28 cm from the incisor teeth, and findings on biopsy were consistent with high-grade neuroendocrine carcinoma (HGNEC) [Figure 1b and c]. Computed tomography of the chest, abdomen, and pelvis confirmed extensive multi-organ metastases, including several lesions in the liver and multiple skeletal lesions in addition to the mass in the lymph nodes. Considering the recent variations in the patient's mental status, gadolinium-enhanced magnetic resonance imaging of the head was assessed and confirmed numerous lesions, some with ring enhancement, but without substantial edema and mass effect [Figure 1d]. Cerebral metastases were considered to be the most plausible explanation, but the differential diagnosis of the brain lesions also consisted of tuberculosis, bacterial abscesses, and neurocysticercosis. Direct microbiologic detection and cultures were negative for tuberculosis and the human immunodeficiency virus. A diagnosis of primary esophageal HGNEC with cerebral metastases was made. Esophageal HGNEC is a rare, aggressive disease with lack of specific clinical symptoms,[1-3] which may cause a diagnostic delay, worsening the prognosis.[4-6] Numerous cases have been reported in the literature, without a consensus on the assessment and management.[7-9] Therapeutic approaches of primary esophageal HGNEC are a reflection of tumor location, type, grade, and stage.[10-12] The patient's family decided to pursue palliative care, and the patient passed away 2 weeks later.

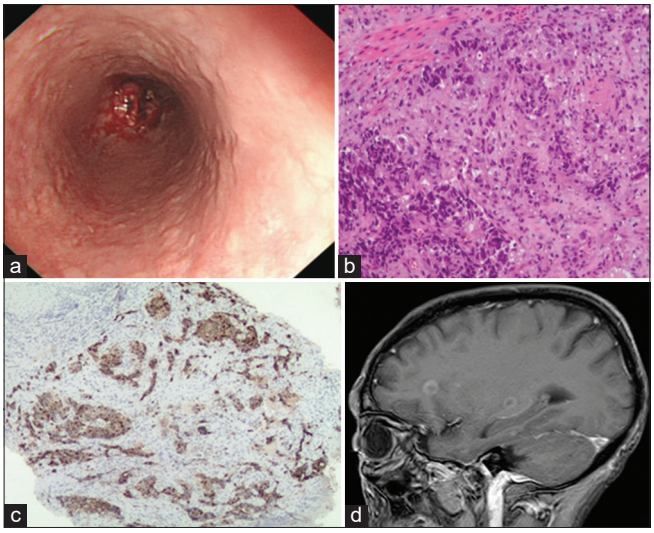

Figure 1: Esophageal high-grade neuroendocrine carcinoma with cerebral metastases. (a) Esophageal neoplasm in gastroscopy; (b) hematoxylin-eosin staining; (c) immunohistochemistry staining of Chromogranin A; (d) gadolinium-enhanced magnetic resonance imaging of cerebral metastases

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FOOTNOTE

Conflicts of Interest: The authors have no conflicts of interest to declare.

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ETHICAL STATEMENT

The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. Written informed consent was obtained from the patient for publication of this "Images in Clinical Medicine."

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