

Acute Esophageal Necrosis in Patients with Cancer - Report of 17 Cases

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INTRODUCTION

Acute esophageal necrosis (AEN) is a rare condition, The mechanism of damage being usually multifactorial. Nevertheless, its etiology and pathophysiology are poorly understood and remain unknown. The most frequently related etiologic mechanism in the medical literature is ischemia, associated to low-flow states and a severe hemodynamic impairment. Distal esophagus involvement, less vascularized, and abrupt interruption in the Z line also suggest it.

OBJECTIVE

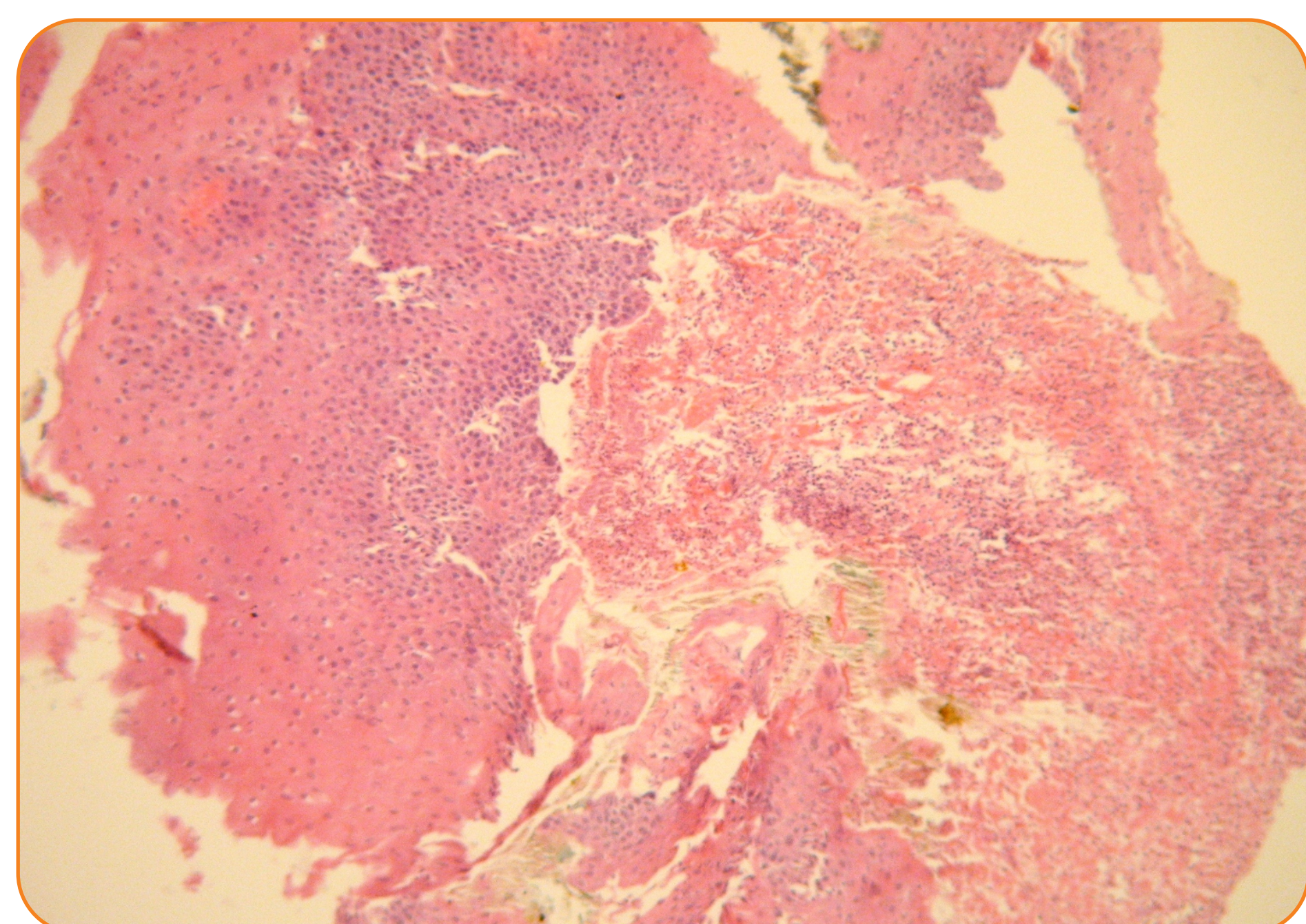
To report cases of AEN at Hospital do Câncer I (HC I/INCA), and review the literature.

MATERIAL AND METHODS

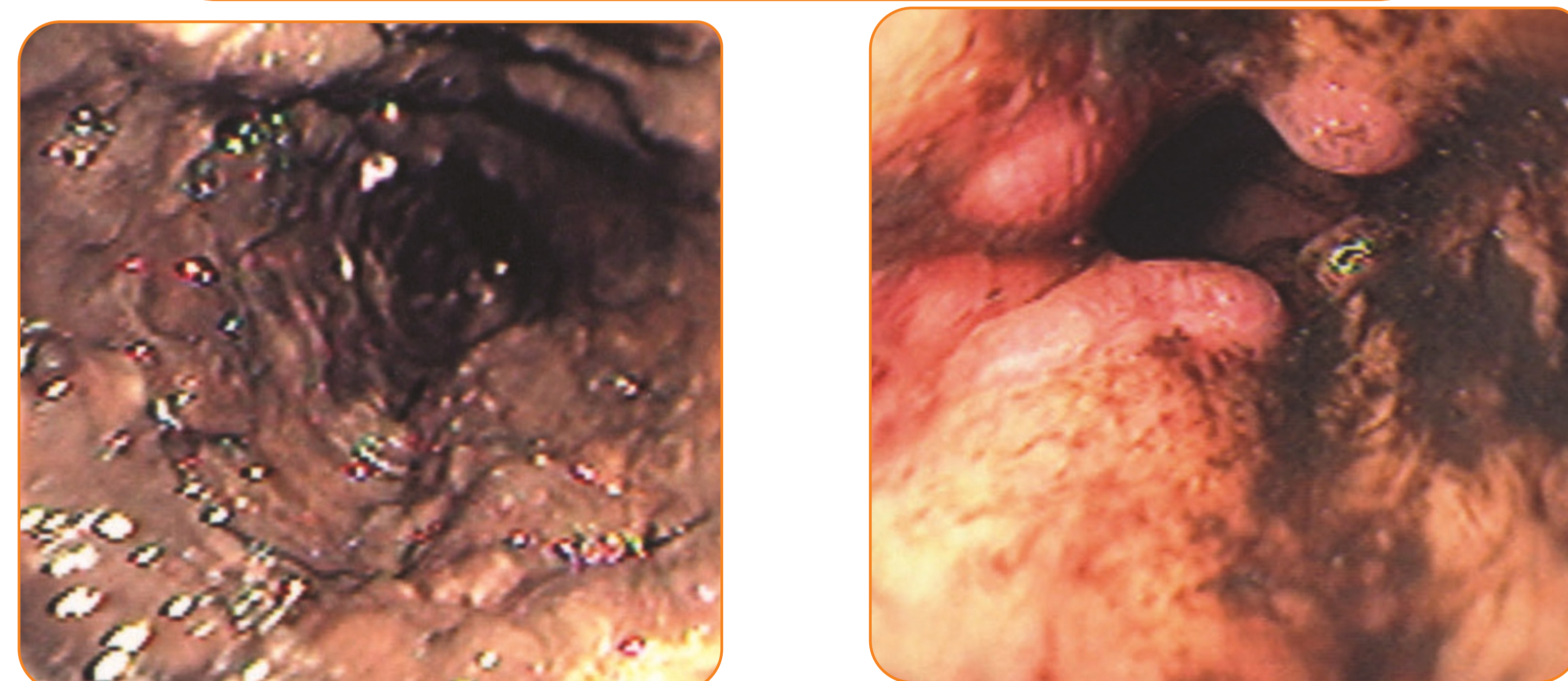
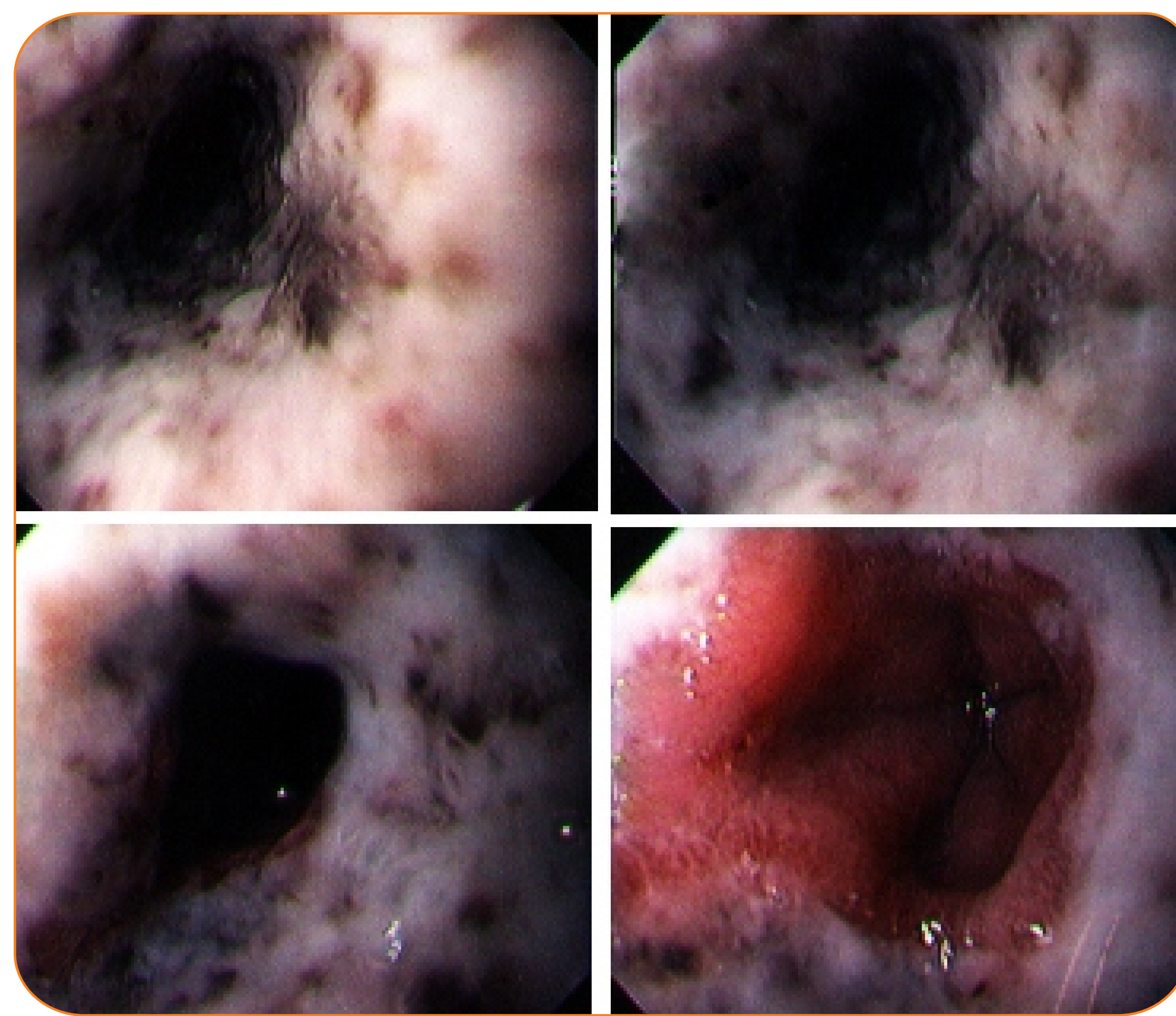
From January 1999 to December 2011, 33.096 upper GI endoscopies were performed at the Endoscopy Department of HC I/INCA. A retrospective analysis of clinical, endoscopic, histologic, therapeutic and outcome (death or hospital discharge), of patients diagnosed with AEN within this period, has been conducted.

RESULTS

Seventeen patients were analyzed, including 10 male (58.8%) and 7 female (41.1%), diagnosed with AEN, ages ranging from 17 to 85 years (average, 63.5). The indications for upper GI endoscopy were gastrointestinal bleeding (10, 58.8%), vomits (4, 23.5%), and other causes (3, 17.6%). All of them had malignant diseases, without a prevalent one. Those included airway cancer (5, 29.4%), gastrointestinal cancer (5, 29.4%) and others (7, 41.1%). Many comorbidities and/or serious medical complications were associated. It was observed a predominance of sepsis (9, 52.9%). In all patients, the upper GI endoscopy revealed the typical appearance of this disease: circumferential necrosis, predominantly in the 2/3 of the distal esophagus. Esophageal biopsies were performed in 6 (35.3%) patients. Eleven patients (64.7%) died and 6 (35.3%) were discharged.



Histology of the esophagus biopsy.



Necrosis in the 2/3 of the distal esophagus.

CONCLUSION

AEN is a rare disorder, affecting between 0,01-0,28%, according to the literature. Those numbers are still underestimated, and the real prevalence remains unknown. Men are more affected than women, and the peak of incidence occurs in the 6th decade, with a predominance of patients at a median age of 67 years; however, it may happen at any age. It is caused by multiple factors, in a matchup with a cellular hypoperfusion, local defense barriers debility and gastric reflux. It is common the presence of other illnesses associated with vasculopathy, in addition to blood hypoperfusion states and malignancy. Neoplasia is the second most frequent comorbidity in AEN (20%), trailing only mellitus diabetes (24%). It is worth pointing out, that this at this hypothesis must also be considered in patients with hematemesis and reserved clinical conditions. The differential diagnosis includes malignant melanoma, nigricans acantosis, pseudomelanosis, melanocytosis and grime deposit. Treatment should be directed to the patient's clinical condition, the suppression of gastric acid secretion and the underlying disease when it is possible.