

[ PICTURES IN CLINICAL MEDICINE ]

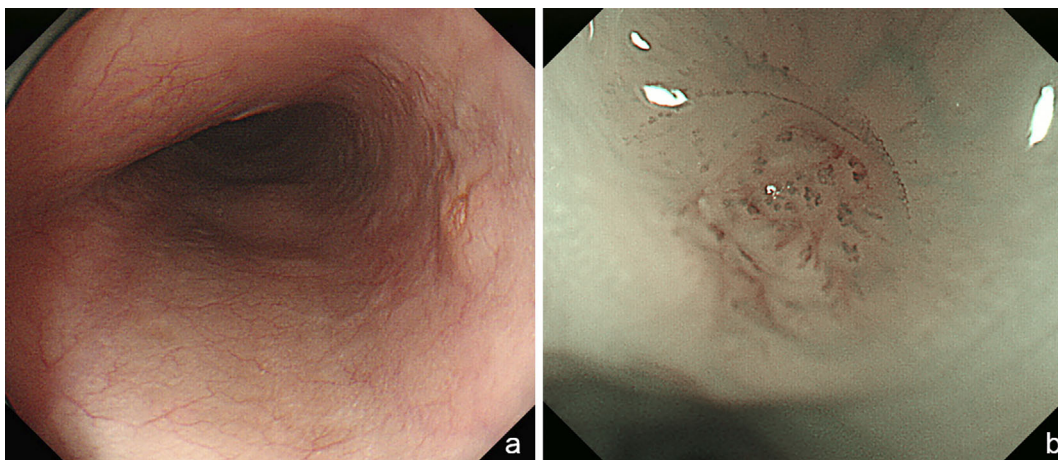
## Esophageal Adenocarcinoma Originating from the Esophageal Gland Duct

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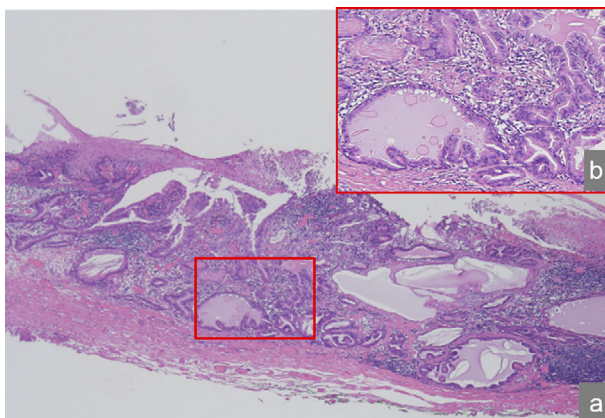
**Key words:** adenocarcinoma of the esophagus, endoscopic submucosal dissection

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**Picture 1.**



**Picture 2.**

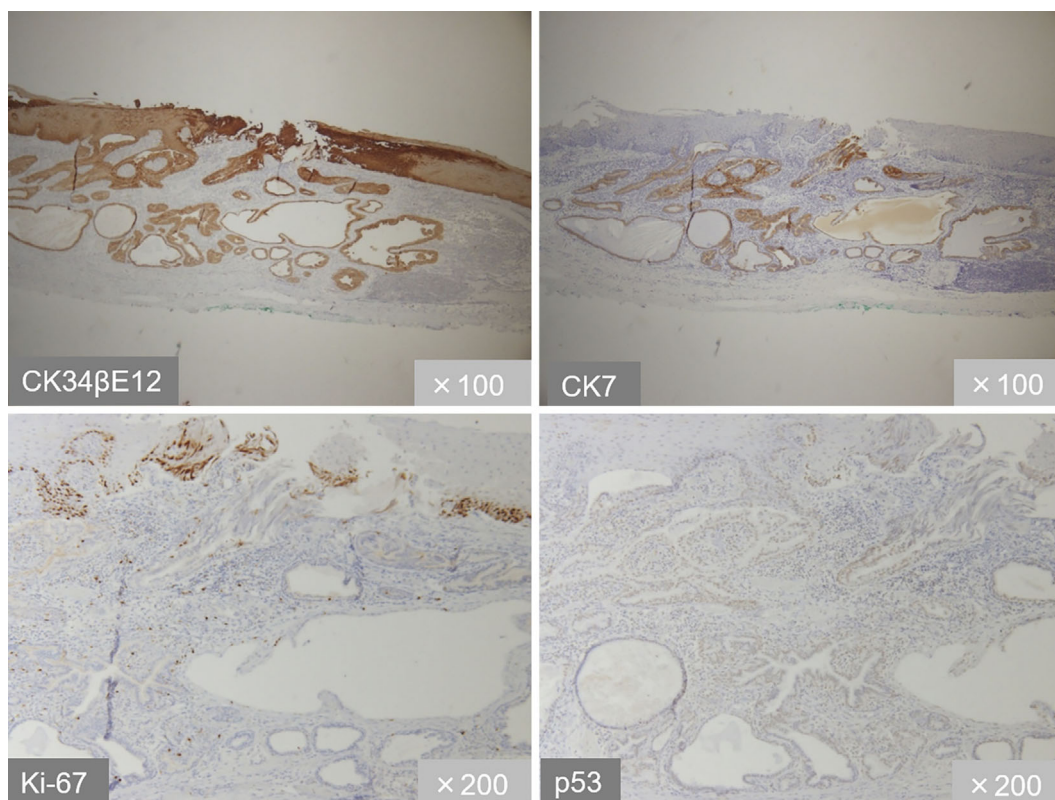
diagnosed by an endoscopic biopsy at a previous hospital. Esophagogastroduodenoscopy showed an 8-mm elevated lesion at the middle thoracic esophagus with a recess on top (Picture 1a). Magnifying, narrow-band imaging showed a depressed, brownish area and a papillary-like structure with multiple looped 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. Adenocarcinoma 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.

A 66-year-old woman was admitted to our hospital to undergo treatment for esophageal adenocarcinoma which was

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**Picture 3.**

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

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

**The authors state that they have no Conflict of Interest (COI).**

## References

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