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Meeting abstract

Liposarcoma of the esophagus: a case report

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Introduction

Esophageal liposarcomas are extremely rare soft tissue tumors that account for only 1.2–1.5% of all gastrointestinal liposarcomas. We report a case of liposarcoma of esophagus and the literature was reviewed.

Case Report

A 65-year-old man was admitted to our hospital complaining of progressive dysphagia and important weight loss occurred in the last 5 months. His past medical history was significant for distal gastrectomy for benign ulcer 20 years before and a cardiac pacemaker placement 4 years ago after a diagnosis of dilatative cardiomyopathy. Physical examimination and laboratory tests resulted to be within normal limits. A barium swallow study demonstrated a contrast-filling defect of the cervical esophagus. The esophagogastroduodenoscopy showed a submucosal polypoid mass protruding into the entire esophagus and the biopsy of the lesion showed normal mucosa. The CT scan with a hydrosoluble oral contrast showed a polypoid lesion of 5 cm in diameter and 21 cm in length occupying the entire esophageal lumen. Due to the patient's status of malnutrition and the unknown nature of the lesion the esophagectomy was ruled out. It was performed a left side cervical approach with a right thoracotomy from which the mass was taken out. Histological examination showed a liposarcoma. The patient had an uneventful postoperative course and was discharged in after 12 days. The patient was disease free at 12- and 18-month endoscopic follow-up.

Discussion

Esophageal liposarcomas are very rare entities and the present case represents the 21st described in the literature to date. In the present case, neither barium swallow nor esophagogastroscopy were helpful diagnostic tools. Only CT scan with contrast swallow allowed to define the anatomic relationships of the mass with the esophageal wall. Almost all cases in the literature were approached by cervicotomy, but in 15 cases a second access such as a laparotomy or thoracolaparotomy was necessary to remove the tumor. Only 4 patients underwent esophagectomy (1–4). Unfortunately avoiding esophagectomy the risk of an R1 resection increases. Esophageal liposarcoma management remain vague and therapeutic options range from less invasive endoscopic excision to radical esophagectomy.