

# BENIGN NEOPLASMS

- LEIOMYOMA
  - Most common
  - 2/3 of all benign neoplasms
  - arises from smooth muscle
  - Dysphagia if tumour size > 5 cm
  - Barium swallow show ovoid filling defect
  - endoscopy - submucosal swelling
  - Rx – enucleation by thoracotomy

- MUCOSAL POLYPS
- LIPOMAS
- FIBROMAS
- HAEMANGIOMAS

Are other benign tumours

Often pedunculated and present in oesophageal lumen

Endoscopic removal avoided because of danger of perforation

Rx : surgical excision by oesophagotomy

# CARCINOMA OESOPHAGUS

- Incidence : high in china , japan , Russia, south africa. In India , 3% of all body Ca in rich and 9.13% of those in poor
- Aetiology : SMOKING, ALCOHOLISM , TOBACCO

Some dietary habits also contribute

5% arise from pre existing pathological lesions like benign strictures ,hiatus hernia, cardiac achalasia, diverticula

Plummer- Vinson syndrome

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## ■ PATHOLOGY

Squamous cell Ca – most common (93%)

AdenoCa- (3%) ,seen in lower oesophagus and maybe an upward extension of gastric Ca

## ■ SPREAD

### ➤ DIRECT

### ➤ LYMPHATIC: cervical , mediastinal, coeliac nodes involved

Cervical & Thoracic spread to supraclavicular nodes

“Skip Lesions” also present

### ➤ BLOOD : metastases to liver, lung, bone, brain

# CLINICAL FEATURES

- Early symptoms: substernal discomfort , preference of soft or liquid food
- Dysphagia
- Pain ; referred to back usually
- Aspiration problem: spread cause laryngeal paralysis, fistula formation leading to cough hoarseness of voice, aspiration pneumonia , mediastinitis.

# DIAGNOSIS

- BARIUM SWALLOW
- OESOPHAGOSCOPY
- BRONCHOSCOPY
- CT SCAN

## Rx

- Radiotherapy is Rx of choice since surgery is difficult due to large vessels
- Surgery preferred if lower  $\frac{1}{3}$  involved . The affected segment , with wide margin of oesophagus proximally and fundus of stomach distally can be excised with primary reconstruction of food channel.
- In advanced lesions, only palliation possible

- Alternate food channel provided by:
  - ❖ A bypass operation
  - ❖ Oesophageal intubation with Celestin or Mousseau-Barbin or similar tube
  - ❖ Permanent gastrostomy or feeding jejunostomy
  - ❖ Laser surgery: Oesophageal growth is burnt with Nd: YAG laser to provide food channel. Chemotherapy used as palliative measure in locally advanced or disseminated disease.
- PROGNOSIS: 5 year survival is not more than 5-10%