BASALOID CARCINOMA OF THE ESOPHAGUS. MULTIMODAL APPROACH

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BACKGROUND

Basaloid cell carcinoma of the esophagus (BSCCE) is a rare (0.07-4%) poorly-differentiated variety of squamous cell carcinoma (SCC), which is more aggressive and has a worse prognosis than SCC.

There are no published studies on the best therapeutic approach for these tumors or on the effectiveness of neoadjuvant chemoradiation; so there is no standard treatment recommendation available.

We describe pathology characteristics and the therapeutic strategy applied to a patient with an advanced basaloid squamous cell carcinoma of the distal esophagus with good results.

METHODS

70-year-old woman with dysphagia and severe malnutrition. Upper endoscopy and endoscopic ultrasound showed a locally advanced tumor of the distal esophagus (T3N0M0). CT and PET showed no regional lymph node or distant metastasis. The endoscopic biopsy revealed a moderately differentiated basaloid cell carcinoma.

The patient received preoperative chemoradiation according to the Neosqu agreement: 66 Gy with a dwell time of 4.4 Gy with infusions of carboplatin plus paclitaxel. Clinical response was good (remission of dysphagia) as well as the post-treatment CT and PET which showed partial radiologic remission and reduction of the SUV of 55%.

RESULTS

SURGERY: 6 weeks after completion of chemoradiation the patient underwent a transthoracic open esophagectomy with anastomosis of the gastric conduit in the neck. A standard 2-field lymphadenectomy was performed. The postoperative course was never complicated and the patient was discharged the 9th day.

PATHOLOGICAL EXAMINATION: basaloid cell carcinoma of the distal esophagus; tumor length 10 cm, 30% residual tumor (TRG Bocke grade II); infiltration of the gastro-esophageal junction. TNM stage (7th ed.): ypT3 N0 (II/II) L0 V1 PnG0 R0 Grade 2, Anatomical stage grouping: IIA. SCC stage: IIA.

FOLLOW-UP: basaloid cell carcinoma are infrequent tumors with poor prognosis (poorly differentiated, locally advanced and with aggressive biological behaviour predisposing to early metastasis) although recent publications relate prognosis especially to the final stage of the tumor.

Our patient is tumor free 30 months after surgery.

CONCLUSIONS

Basaloid squamous cell carcinoma of the esophagus (BSCCE) are rare tumors with no defined treatment strategy. Although considered very aggressive tumors, the final prognosis is related to the stage of the disease.

Neoadjuvant chemoradiation may also be considered in locally advanced tumors with good results.