Extrinsic esophageal compression by the vertebral body

Laura Santos-Santamaría, Mercedes Pérez-Carreras, José B. Díaz-Tasende and Gregorio Castellano-Tortajada

Department of Digestive Medicine. Hospital Universitario 12 de Octubre. Madrid, Spain

CASE REPORT

A 78-year-old woman with hypertension, diabetes, dyslipidemia, and revascularized ischemic heart disease was diagnosed with gastric adenocarcinoma in 2011, with suspected bilateral adrenal metastatic disease, and was treated with subtotal gastrectomy and palliative chemotherapy. A follow-up gastroscopy in 2015 identified a protruding, erosive mid-esophageal lesion suggestive of extrinsic compression or ulcerated submucosal lesion, which had not been described previously. Follow-up was advised (Fig. 1), and the lesion persisted after three months. The patient had no esophageal symptoms, and subsequent thoracoabdominal computed tomography (CT) scans found no bony abnormalities in the cervicothoracic spine or mediastinal changes. Endoscopic ultrasound was recommended given the patient’s cancer history.

DISCUSSION

Endoscopic ultrasound (EUS) or echoendoscopy is a key instrument in the study of submucosal lesions, and allows their differentiation from extrinsic compressions with a high sensitivity (92%) and specificity (100%) (1). In the esophagus, extrinsic compressions have been described in association with both vascular imprints, including imprints of the thoracic aorta and the heart, and bony abnormalities such as vertebral osteophytes (2). Radiographic studies are routinely used for the identification of such compressions, and we found no reported iconography where EUS was used to identify a cause. In our case, EUS showed that the lesion described by prior gastroscopies resulted from the imprint of a vertebral body on the esophageal wall (Fig. 2). Furthermore, the technique allowed us to rule out a malignant origin, thus preventing further procedures.

REFERENCES