

67 Year Old Man Visited for Upper Esophageal Stricture

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환자정보: 67세 남자

과거력/사회력: None

주 소: Dysphagia

가족력: None

현병력: 12살 때 lye ingestion으로 인한
esophageal stricture

문진소견: Unremarkable

진찰소견: Unremarkable

검사소견

검사실 소견

CBC 4,700/ul - 11.0 g/dL - 143,000/ul
 PT (INR)/aPTT 10.6 sec(0.92)/35.6 sec
 Albumin 4.4 g/dL
 AST/ALT 16/10 IU/L
 BUN/Cr 25/0.79 mg/dL
 Electrolyte 142-4.5 - 101 mmol/L
 ESR/CRP 15 mm/hr/0.53 mg/dL

내시경 및 내시경 초음파 소견

Severe pharyngeal deformity로 esophageal opening이 보이지 않음.

영상소견

Neck CT: About 4.2×2.6×2.0 cm sized enhancing mass at left oropharynx with no definite evidence of adjacent structure invasion. No remarkable lymphadenopathy in both neck. → Oropharyngeal cancer (T3N0Mx), most likely.

PET CT: R/O Malignancy arising from left pharyngeal mucosal space.

병리소견

Squamous cell carcinoma, invasive, moderate to poorly differentiated.

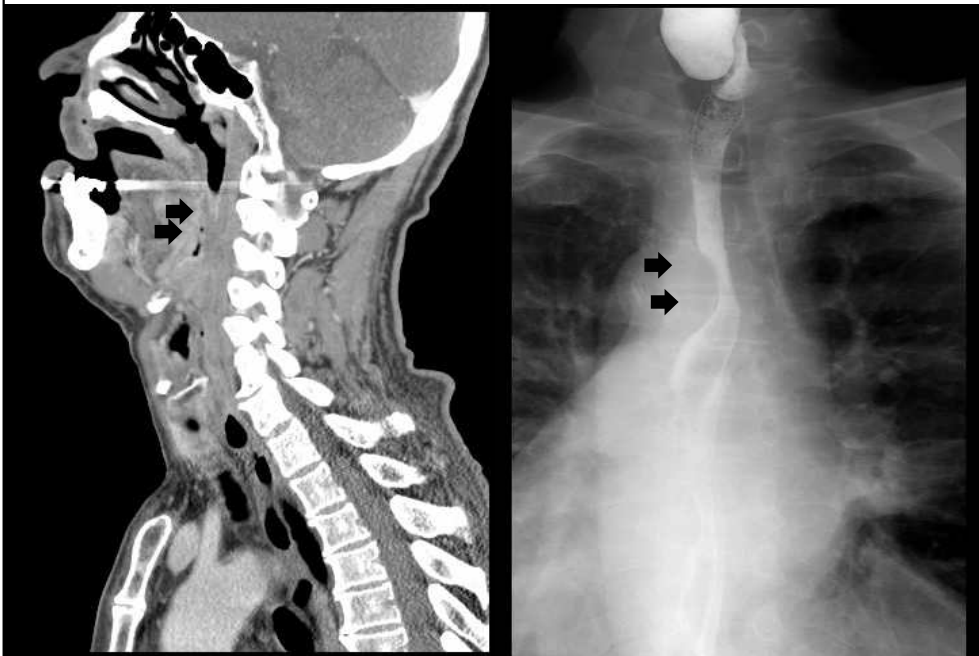
치료 및 임상경과

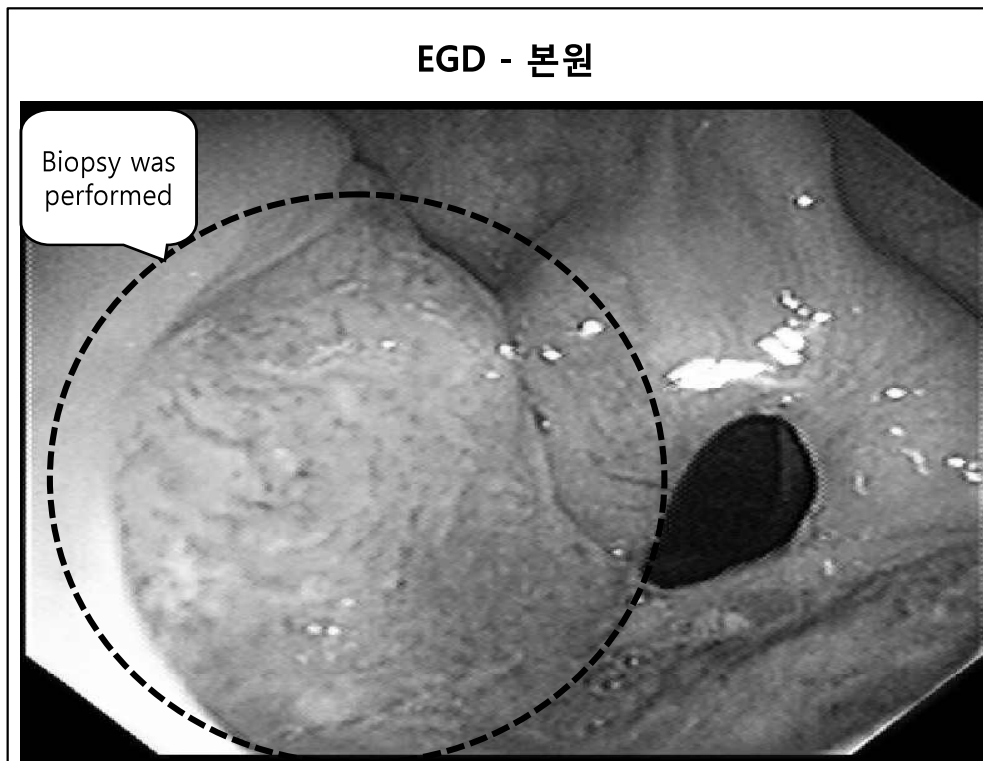
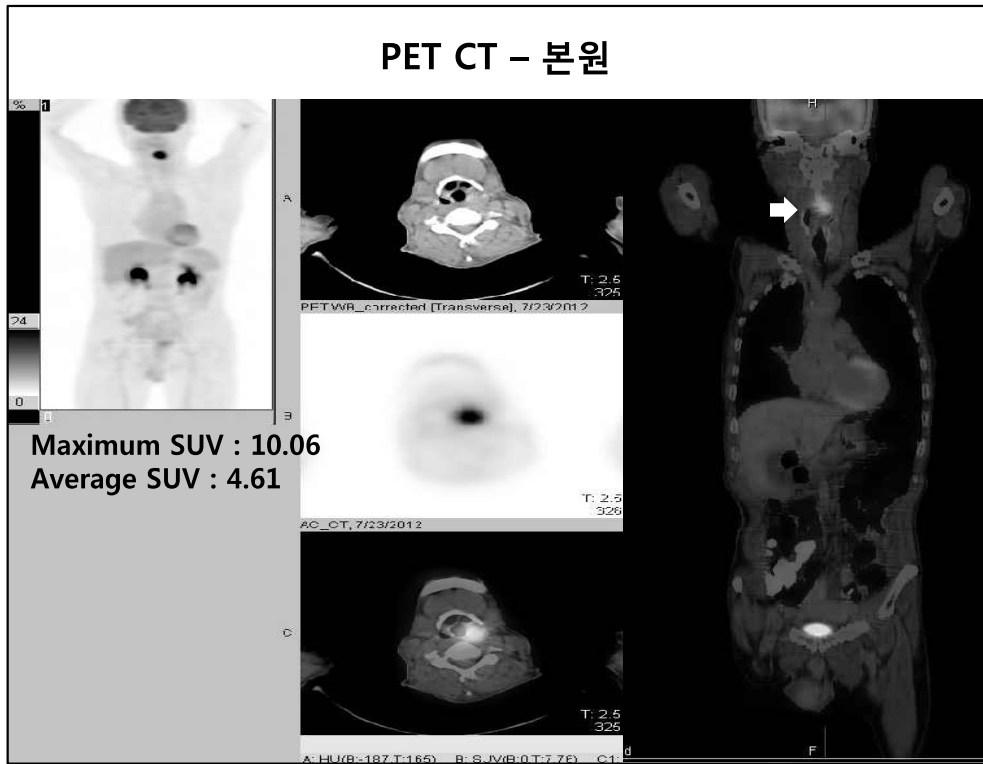
CCRT 후에 mass 크기가 줄어들어 esophageal opening을 찾을 수 있었으며, 내시경으로 Bougie dilation 하여 Levin tube로 enteral nutrition 및 per-oral feeding까지 가능하게 되었습니다. 현재 dysphagia, odynophagia 증상 호소없이 외래 추적 관찰에 있습니다.

주증상> 연하곤란 (9개월전부터 악화)

- 남자 / 67세
- 병력 : 약 50 년전 양젓물 먹고 나서 식도 협착 증상 있었으나 음식 먹는 불편감은 없이 살아온 환자로, 최근 약 9개월전부터 고형식 연하 곤란 및 연하시 통증 심해져 타대학 병원에서 위내시경 하려고 하였으나 실패하여 본원 소화기내과 내원함.
- 과거력 : 16살 때 우발적인 양젓물 섭취력

Neck CT, Esophagogram – 타대학병원





Pathology report

Gross Description

The specimen consists of 3 pieces of biopsied gray soft tissue, clinically from hypopharyngeal, measuring 0.2x0.2x0.2cm in the largest one.

Pathologic Diagnosis

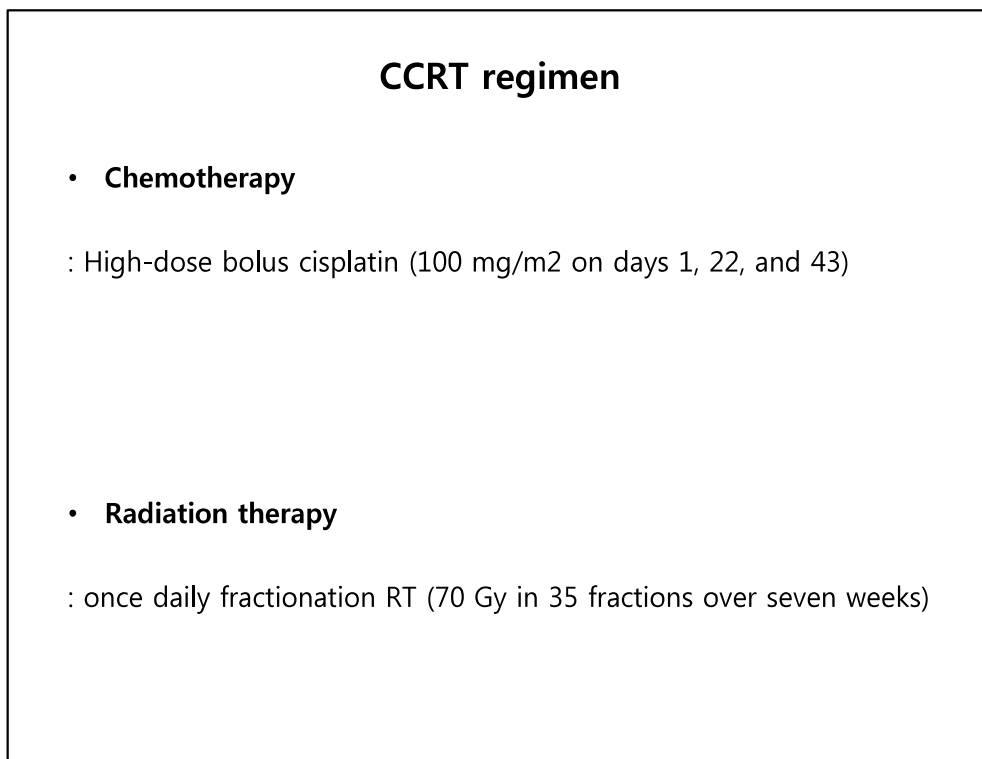
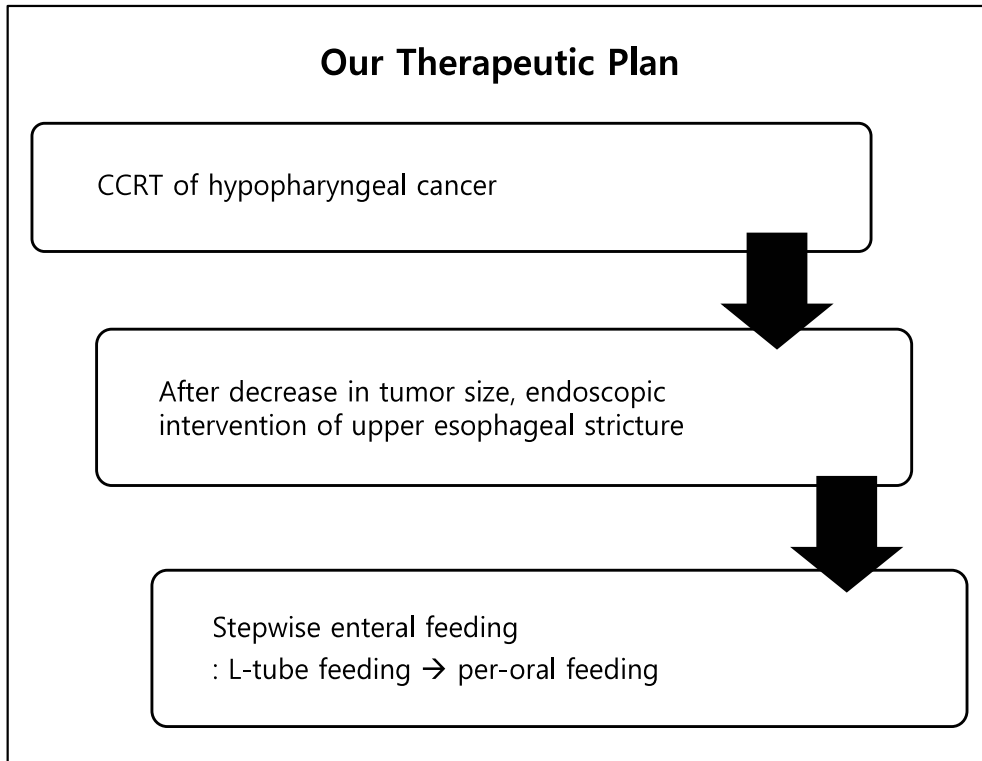
Hypopharynx, biopsy:

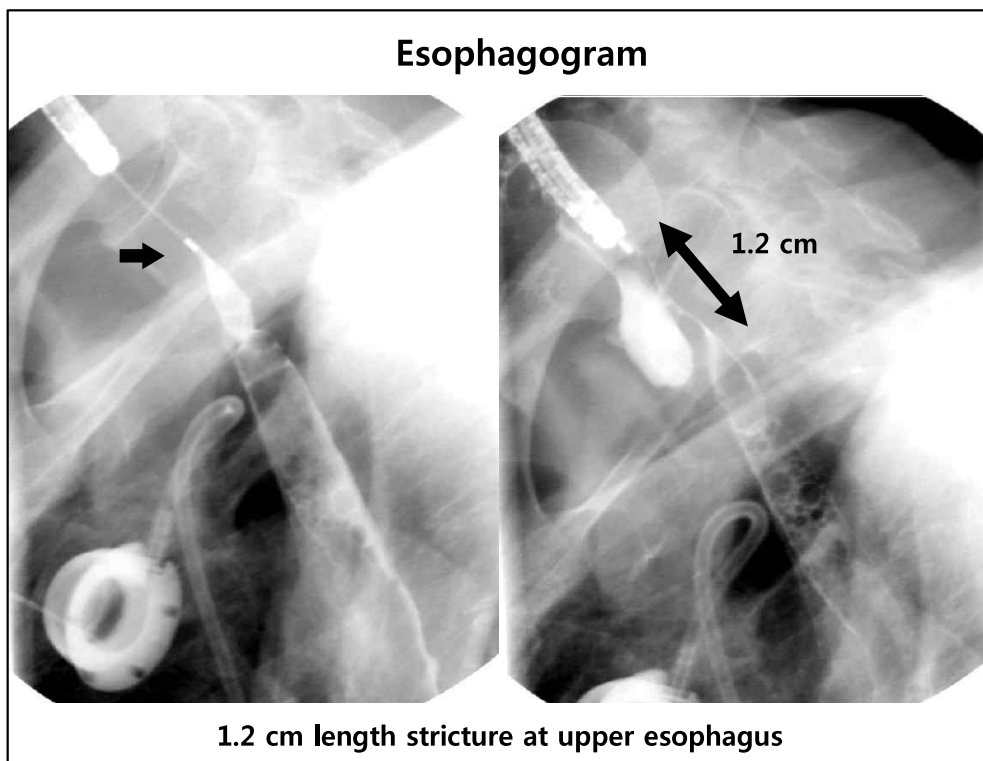
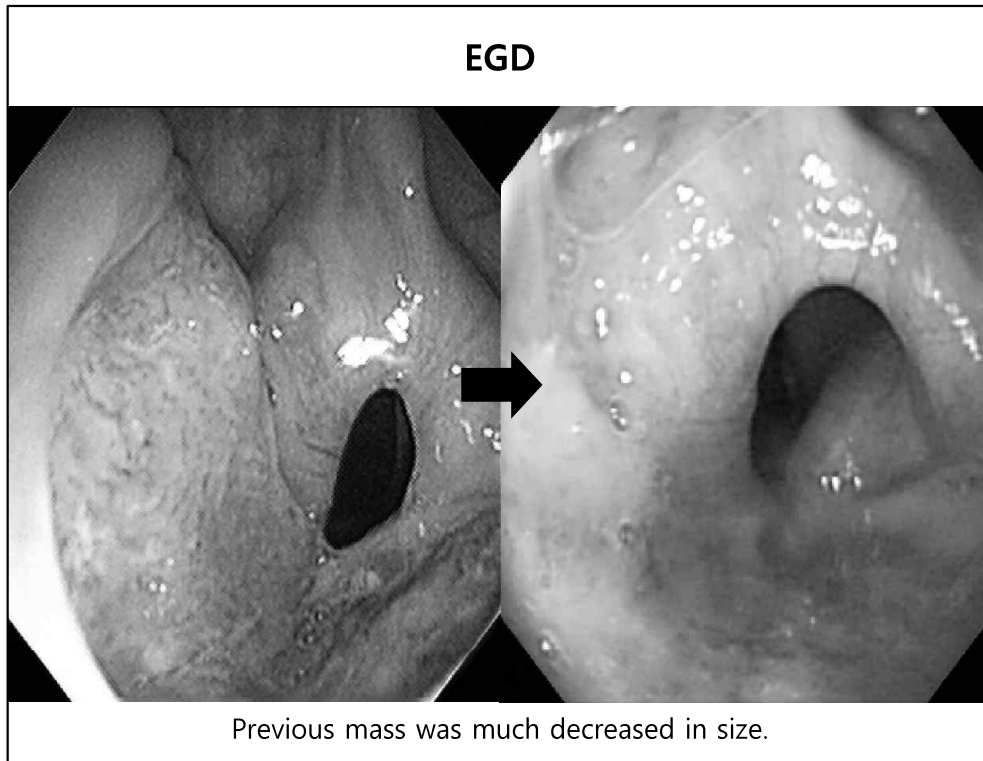
1 to 3: Squamous cell carcinoma, invasive, moderate to poorly differentiated.

Diagnosis

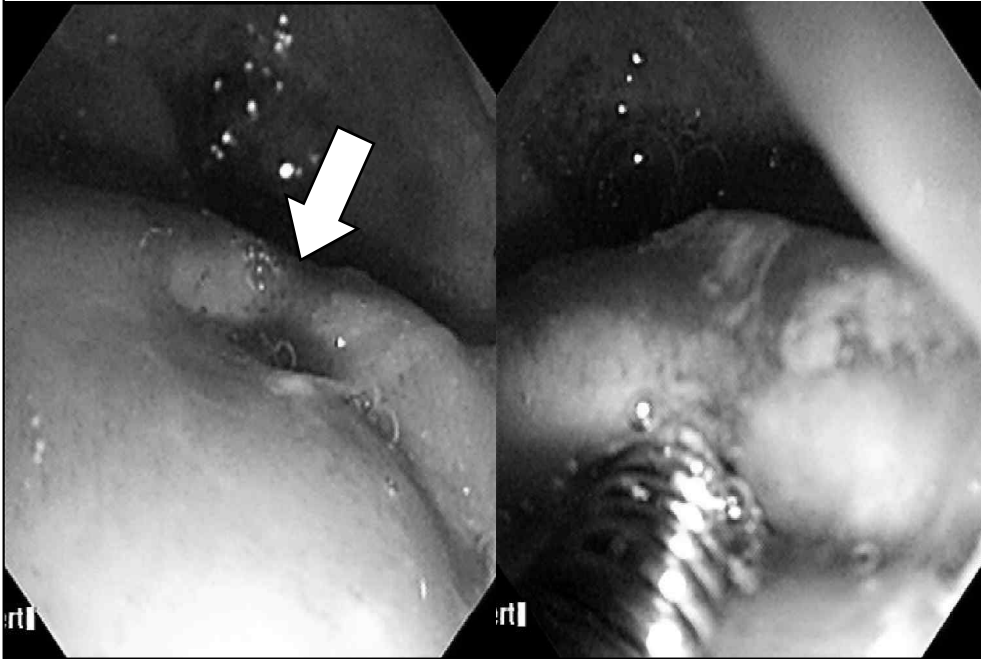
- Hypopharyngeal cancer:

- Stage III (T3N0M0)

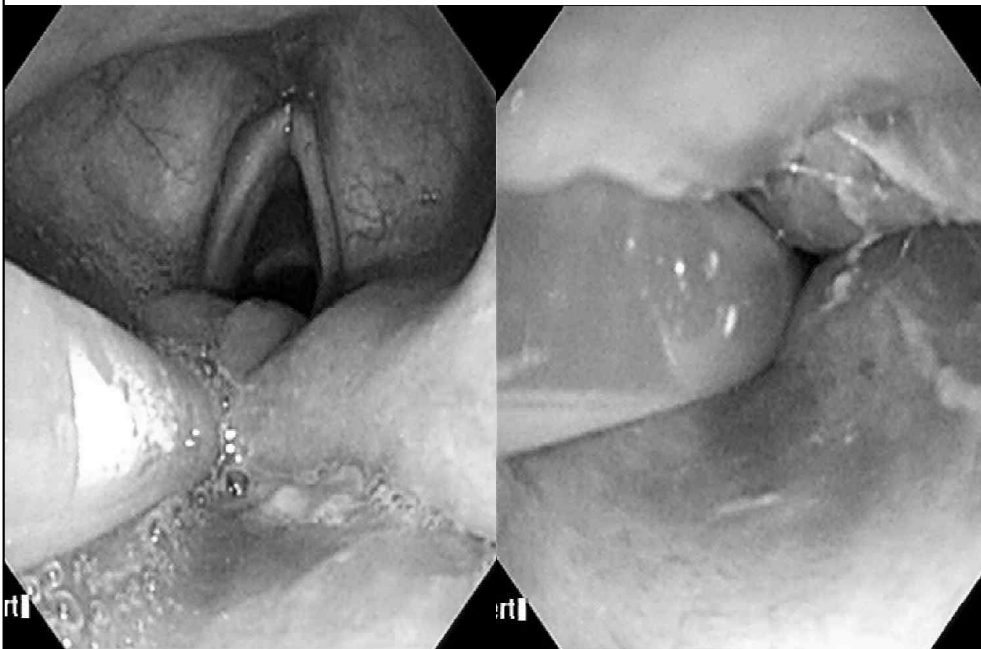




Bougie dilation (7 mm)




14 Fr. L-tube insertion through guidewire




L-tube feeding

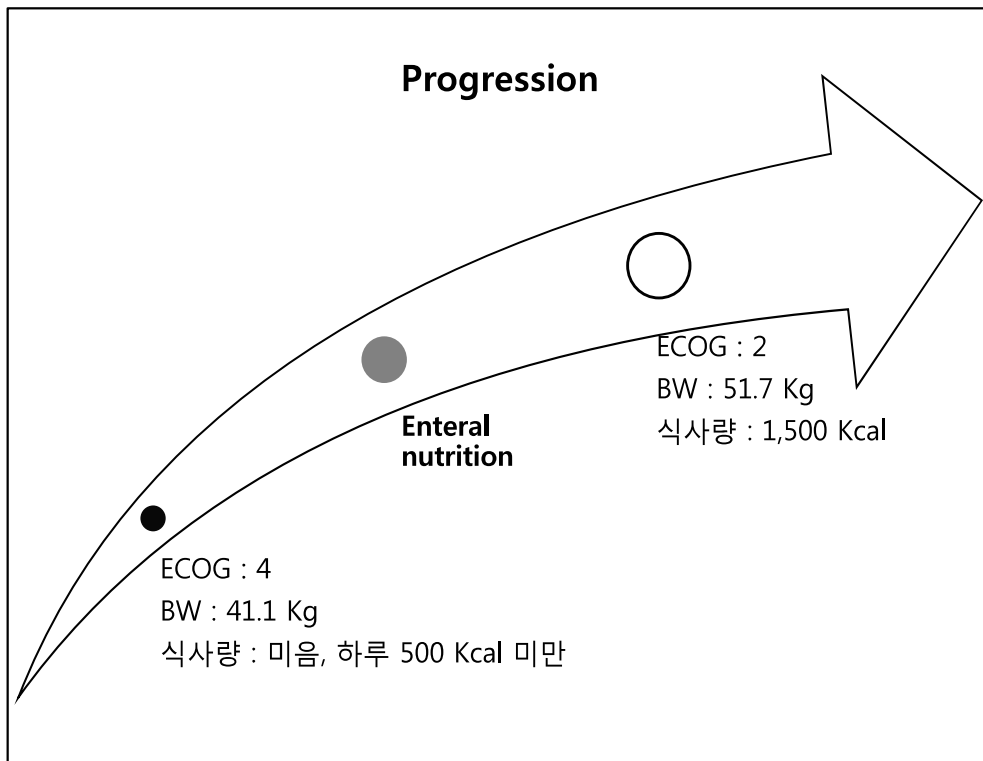
TPN + small amount of LD

↓

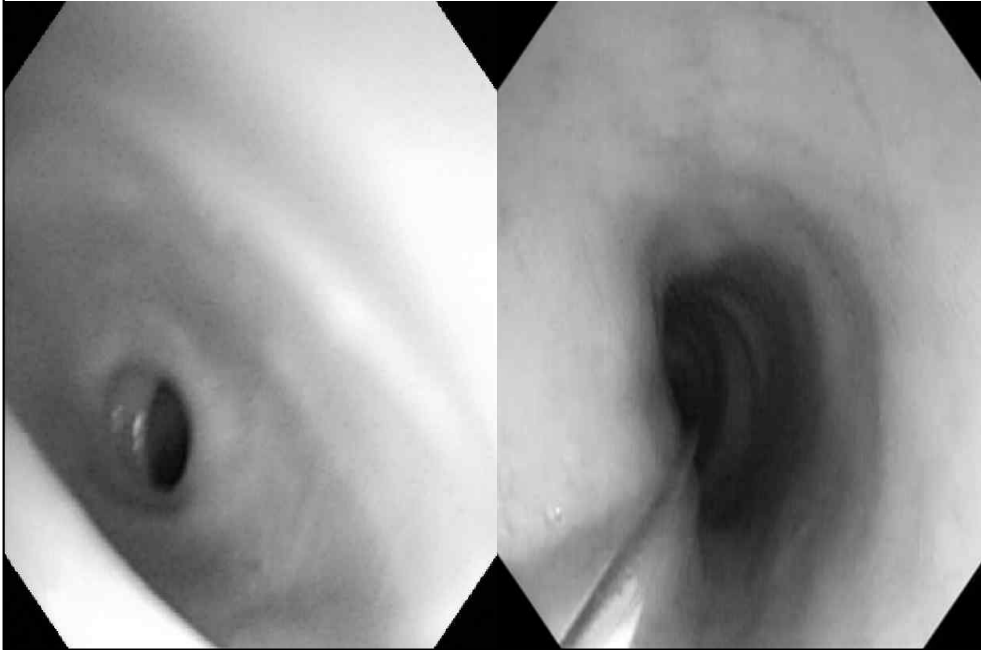


L-tube feeding
: 500 kcal, three times/day





Bougie dilation from 9 mm to 11 mm



Follow-up EGD after Bougie dilation

