Clinics and Research in Hepatology and Gastroenterology (2019) 43, 3—4

Available online at
ScienceDirect
www.sciencedirect.com

Elsevier Masson France
EM|consulte
www.em-consulte.com/en

IMAGE OF THE MONTH

Buried esophageal adenocarcinoma after radiofrequency ablation

Sarra Oumrani[a,*], Maximilien Barret[a,b], Frédéric Beuvon[b,c], Frédéric Prat[a,b]

[a] *Department of gastroenterology, Cochin hospital, Assistance publique—Hôpitaux de Paris, 75014 Paris, France*
[b] *Paris-Descartes university, 75006 Paris, France*
[c] *Department of pathology, Cochin hospital, 75014 Paris, France*

Available online 5 July 2018

KEYWORDS
Radiofrequency ablation;
Barrett's esophagus;
Adenocarcinoma

An 87-years-old patient with a newly diagnosed C4M5 Barrett's esophagus and multifocal high-grade dysplasia without visible lesion was treated with 3 sessions of radiofrequency ablation (RFA). Follow-up endoscopies at 12 and 18 months showed persistent complete remission of intestinal metaplasia. At 2 years, endoscopy showed a 1 cm, Paris 0-IIa lesion covered with neosquamous epithelium (Fig. 1), and biopsies revealed an adenocarcinoma. Because of the patient's age and general condition, endoscopic submucosal dissection was performed instead of surgery. A poorly differentiated adenocarcinoma with signet-ring cells was found on the resection specimen (Fig. 2). Despite the non-curative endoscopic resection, additional treatment was impossible in this patient. The patient's clinical condition remained stable after a 12 months follow-up.

Buried carcinomas after ablative therapies have been mainly reported after photodynamic therapy or argon plasma coagulation [1], and cases occurring after RFA are rare [2]. In our patient's case, an invasive adenocarcinoma may have been overlooked at the initial endoscopy, but another hypothesis is that persistent subsquamous dysplastic Barrett's glands developed by stealth into an adenocarcinoma. Our case illustrates not only the importance of the baseline endoscopy in Barrett's esophagus to identify and resect any visible lesion before performing RFA, but also to closely monitor neosquamous epithelium after completion of ablation therapy for any discrete mucosal anomaly.

* Corresponding author. Department of gastroenterology, Cochin hospital, 27, rue du Faubourg-Saint-Jacques, 75014 Paris, France.
E-mail address: sarra.oumrani@gmail.com (S. Oumrani).

https://doi.org/10.1016/j.clinre.2018.02.006

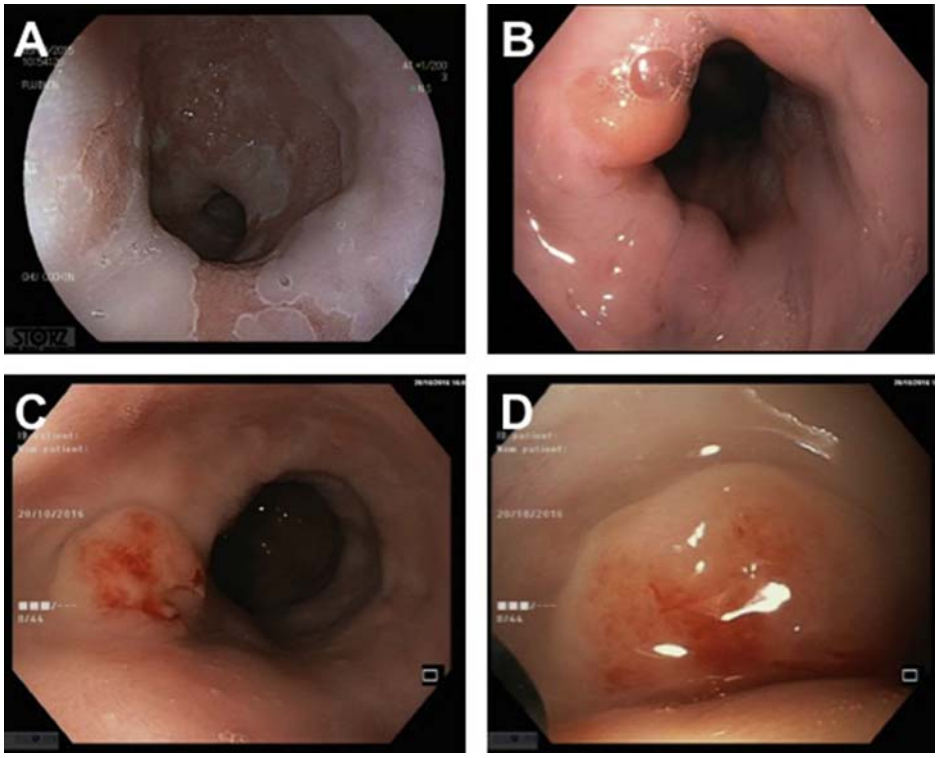

Figure 1 A. Endoscopic appearance of the C4M5 Barrett's esophagus before treatment. B. Complete remission of intestinal metaplasia after radiofrequency ablation. C. Nodular lesion arising in the neosquamous epithelium. D. Zoom of the nodular lesion covered with neosquamous epithelium.

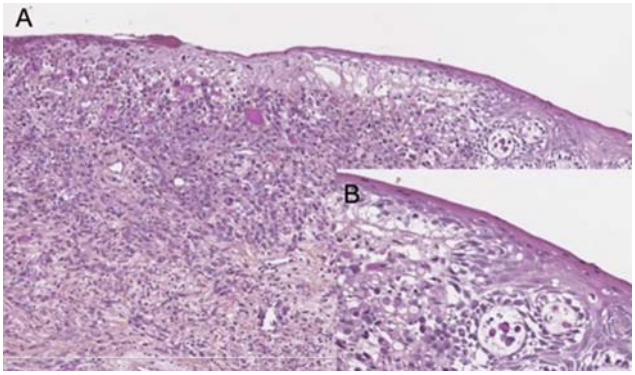

Figure 2 Histological features of the buried adenocarcinoma. A. Buried poorly cohesive carcinoma composed of neoplastic cells that are isolated, including few signet-ring cells, or in small aggregates. B. Details of the infiltration under the squamous epithelium with parakeratosis, some of the cells in the adenocarcinoma contain droplets of mucin.

Disclosure of interest

The authors declare that they have no competing interest.

References

[1] Gray NA, Odze RD, Spechler SJ. Buried metaplasia after endoscopic ablation of Barrett's esophagus: a systematic review. Am J Gastroenterol 2011;106(11):1899—908 [quiz 1909].

[2] Kohoutova D, Haidry R, Banks M, et al. Esophageal neoplasia arising from subsquamous buried glands after an apparently successful photodynamic therapy or radiofrequency ablation for Barrett's associated neoplasia. Scand J Gastroenterol 2015;50(11):1315—21.