



Mimicking oesophageal cancer: oesophageal actinomycosis

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A 75-year-old woman without any remarkable medical history presented with a rapid progressive dysphagia, odynophagia, regurgitations, and weight loss. She denied any other complaint, fever, or oral thrush. At the time she was an active smoker. She did not have an underlying immunosuppressive condition. Physical examination was unremarkable.

High-resolution manometry showed an incomplete relaxation of the lower oesophageal sphincter with intermittent periods of panoesophageal pressurisation; compatible with a type 2 achalasia according to the Chicago classification. A per-oral endoscopic myotomy was therefore proposed. During the procedure, an abnormal bulging with a distortion of the normal mucosal pit pattern was identified at the lower oesophageal junction, causing a stenosis. An underlying neoplastic lesion was suspected, prompting us to take endoscopic biopsy samples as well as further characterisation with an endoscopic ultrasonography. This suggested a neoplastic lesion of 28×17 mm, extending into the muscularis mucosae; staged uT3N0.

¹⁸F-fluorodeoxyglucose PET/CT showed an intense focal ¹⁸F-fluorodeoxyglucose uptake at the level of the oesophageal lesion without any other captation areas. The CT scan with contrast revealed an asymmetric thickening of the cardia with two enlarged lymph nodes near the oesophagus, compatible with neoplasia. A laparoscopic exploration and jejunostomy were proposed to address the severe dysphagia and weight loss of the patient. No liquid or tumoural signs were noted during the procedure.

In the absence of anatomopathological confirmation of neoplasia, new biopsies by endoscopy were suggested to confirm tumoural diagnosis.

An oesophagogastroduodenoscopy and endoscopic ultra-sonography were then repeated. Histology did not show malignancy but revealed numerous branching filamentous organisms invading inflammatory tissue consistent with actinomycosis. A new sample of the lesion was taken, for culturing of Gram-positive anaerobic bacteria; matrix-assisted laser desorption ionisation–time of flight mass spectrometry (MALDI-TOF MS) identified *Actinomyces odontolyticus* susceptible to amoxicillin.

After infectious disease consultation, treatment with amoxicillin 500 mg, three times per day orally, was initiated with a progressive resolution of symptoms after 3 months.

Contributors

YD, LVG, HD, and LB treated the patient. YD, LVG, and LB wrote the report.

Declaration of interests

We declare no competing interests.

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Figure: ¹⁸F-fluorodeoxyglucose PET/CT showing oesophageal actinomycosis mimicking oesophageal cancer. Arrow indicates the oesophageal mass.