QUESTION 63

A 75yo man presents with progressive dysphagia. He is currently only able to “keep down” liquids. He has lost 7kg in weight over the last 6 weeks. Endoscopy shows a mass lesion in the distal oesophagus which does not allow passage of the endoscope into the stomach. Biopsies show adenocarcinoma. A CT scan reveals thickening in the distal oesophagus as well as 2 liver lesions which prove to be metastatic on biopsy.

Which of the following is most appropriate to give him immediate and long lasting (>6 months) relief from dysphagia?

A. Oesophageal dilation  
B. External beam radiotherapy  
C. Percutaneous endoscopic gastrectomy (PEG) tube  
D. Self-expanding metal stent placement  
E. Ivor-Lewis procedure (distal oesophagectomy)

- Oesophageal often diagnosed at advanced and incurable stage  
- Can consider surgical palliation in patients without metastatic disease who are ok for surgery  
- Other options for palliative treatment of dysphagia are:
  o XRT +/- chemotherapy  
  o Oesophageal dilation  
    ▪ Temporary relief (usually 3-4 weeks)  
  o Laser therapy  
    ▪ Several treatment required  
    ▪ Lasts one to several months  
    ▪ Perforation <5%  
  o Absolute alcohol injection  
    ▪ Ablates Ca  
    ▪ Potential complications including mediastinitis, fistulas, perforation  
    ▪ Short duration of effect  
  o Intatumoural injection of cisplatin/adrenaline gel  
    ▪ New therapy  
    ▪ Multiple injections required  
  o Endoscopic mucosal resection  
    ▪ Curative in certain patients  
  o Photodynamic therapy  
    ▪ Direct toxic effect on Ca cells  
    ▪ Only a few small trials so far  
  o Oesophageal stenting  
    ▪ Effective  
    ▪ Tissue ingrowth can occur  
    ▪ Late complications = stent migration, fistulae, airway obstruction, haemorrhage  
  o Brachytherapy  
    ▪ Radioactive source placed within malignancy
Can provide long-term palliation
Role not yet well-defined

The only option that will provide immediate and sustained relief is the metal stent.
Answer = D