

Keywords: Esophagus; Gastric; EGJ; Neoadjuvant therapy; Signet ring cells

Introduction

The presence of signet ring cells (SRCs) is related with advanced tumor stage and poor prognosis and could serve as a reliable and effective parameter for the prediction of postoperative survival and formulation of therapy strategy in esophagogastric junction adenocarcinoma (EGJA) patients. However, more high-quality studies are still needed to verify the above findings [1].

Preoperative histology on pretreatment biopsy predicts a decreased likelihood of complete pathologic response and survival for patients with esophageal adenocarcinoma treated with preoperative chemoradiation and surgery [2].

Among surgically managed patients SRC appears to have a worse prognosis than ACA, which may reflect the tendency of SRC tumors to be higher grade and more locally advanced. However SRC histology does not appear to diminish the role of esophagectomy in the management of locoregionally confined esophageal cancer [3].

High-grade histology was found in most patients with EAC and predicted poor survival and treatment response. SRC features in patients with G3 disease were associated with lower OS. The benefit of NAT for G3 EAC in patients with SRC histology appears limited. Most esophageal carcinomas containing signet-ring cell carcinoma are aggressive neoplasms associated with a poor prognosis after esophagectomy [4,5].

First, the proportion of SRC might play an essential role in the prognostic value of SRC in EGJA patients. In the study by Naoueu et al., no significant

CT-CAP

- No specific evidence of intra-thoracic metastases.
- Mid-Esophageal thickening about 5 cm in distance and 4 cm-5 cm from the EGJ mass
- Non opacification of the right brachial cephalic vein including the right sub-clavian and internal jugular veins with distention of the latter two venous structures.
- Mild interval improvement of the previously noted circumferential wall thickening of the stomach involving the proximal part of the gastric body, fundus and gastro-esophageal junction.
- Interval insertion of lower abdomen jejunostomy tube,
- No CT evidence of abdominal/pelvic metastasis.

MDT, Case discussed in GI tumor board on (Feb 2022): GEJ mass with skip lesion to the Mid-Esophagus. For surgical intervention Gastroesophagectomy with reconstruction (Figure 1).

of stomach lumen, then converted to Tri-Incisional complete Gastro-Esophagectomy reaching to negative margin both proximal and distal. Reconstruction done with transposition of the colonic reconstruction with Jejunostomy feeding tube insertion.

Histopathology

Reported as clear margin with tumor of poorly differentiated adenocarcinoma, diffuse type with areas of signet ring component, pT3, pN0.

Conclusion

Recovery post-OP

Patient admitted to ICU for close observation where she spent 16 days with good recovery, then shifted to regular ward where she started on oral along with J-feeding as tolerated, a leak assessment by gastrograffin along with J-feeding as tolerated, a leak assessment by gastrograffin with endoscopy. Patient then discharged on with improved condition, stable vitals, and good oral intake for the liquid diet. Seen a leak in the Outpatient clinic progressing with the oral intake, doing well, with no complain. And referred back to Medical oncology for follow up regarding the adjuvant chemotherapy. Till 5th month post-operative patient doing fine with re-assessment showed neither recurrence nor metastasis.

Consent

Was obtained in writing form signed by the patient, for the case to be published and discussed in the educational and scientific entities without revealing the personal data.

References

- 1.

Figure 1: All CT images Obtained from the PAC system of the patient

Results and Discussion

Operation

Patient taken to the OR after proper consenting and pre-op anesthesia assessment in Operation last for almost 24 hours started with (Ivory-Lewis) trying to salvage as much of the esophageal length but came back positive in the frozen section for the proximal margin with small remanent