

Clinical Image

Adenocarcinoma GE Junction

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Clinical Image

Adenocarcinoma GE junction is in lower part of oesophagus. It is often linked to barrett's oesophagus. Risk factors-GERD, Barrett's oesophagus, smoking (with 2-fold increase) and obesity.

Siewert classification:

- Type 1- tumor located between 5 cm and 1 cm proximal to GE junction.
- Type 2- tumor located between 1 cm proximal and 2 cm distal to GE junction.
- Type 3- tumor located 2 cm and 5 cm distal to GE junction, infiltrates GE junction from below.
- TP53, SYNE1 and ARID1A are frequently mutated gene.

A 26-year-old gentleman presented with dysphagia more too solid than liquids, vomiting, loss of appetite and weight loss. Upper GI endoscopy and biopsy revealed Adenocarcinoma of GE junction (Figure 1). PETCT- Marginal increased thickness involving at GE junction and cardiac end of stomach 5.5 cm length, thickness increased. Neo adjuvant chemotherapy was given. Post NACT laparoscopic distal oesophagectomy+proximal gastrectomy+level 7, 8, 9, 1 to 4 lymph nodes dissection done+oesophago-gastric anastomosis (Figures 2-4).



Figure 1: Upper GI endoscopy.

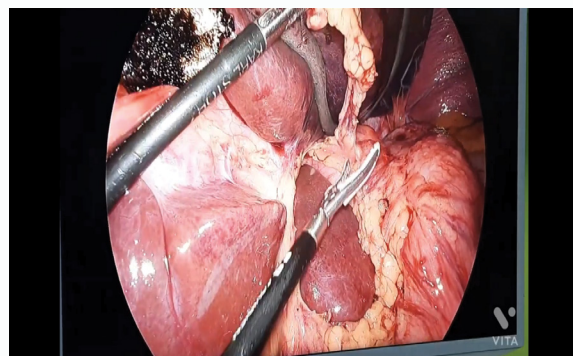


Figure 2: Post NACT laparoscopic distal oesophagectomy.

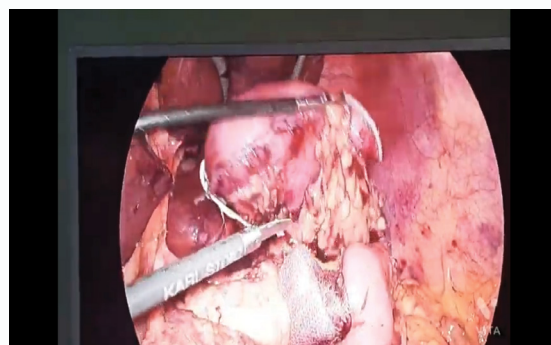


Figure 3: Proximal gastrectomy.



Figure 4: Level 7, 8, 9, 1 to 4 lymph nodes dissection done. Oesophago-gastric anastomosis.

Citation: Jha SK, Qamar A. Adenocarcinoma GE Junction. J Surg Surg Case Rep. 2022;3(1):1024.

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Publisher Name: Medtext Publications LLC

Manuscript compiled: May 24th, 2022

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