A 60-year-old man presented to our hospital with a chief complaint of dysphagia. Barium swallow examination showed a filling defect in the upper thoracic esophagus, and gastrointestinal endoscopy revealed a polypoid tumor, 4 cm in size, accompanied by an ulcerative lesion at the top of the tumor, which indicated carcinosarcoma or squamous cell carcinoma (Fig. 1). Contrast-enhanced computed tomography showed a hypervascular tumor almost completely occupying the lumen of the esophagus (Fig. 2, arrowhead), but neither direct invasion of the trachea nor lymph node swelling was apparent. Spindle cell component was found in the biopsy specimen. These findings suggested that the tumor was an esophageal spindle cell carcinoma of clinical staging T3 (Ad) N0M0, Stage II according to the UICC classification.

The patient underwent subtotal esophagectomy with cervical, thoracic and abdominal lymph node dissection, and reconstruction using the stomach. Macroscopic examination of the resected specimen revealed that the tumor consisted of a...
polypoid mass 5.0 cm in diameter, and extensive intraepithelial neoplasia, depicted as a Lugol-voiding region surrounding the mass (Fig. 3, arrows). Pathologically, the tumor was diagnosed as esophageal spindle cell carcinoma, displaying various degrees of epithelial differentiation and transition, from the cells showing epithelial differentiation to the cells showing sarcomatous differentiation (Fig. 4). Metastases were found in one of the dissected cervical lymph nodes. Esophageal spindle cell carcinoma is defined as squamous cell carcinoma with variable spindle cell component according to the WHO classification. In the Japanese Classification of Esophageal Cancer, spindle cell carcinoma is a synonym of carcinosarcoma.

The patient received no adjuvant therapy postoperatively and was alive 8 months after surgery without evidence of recurrence.

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