

EUS staging of a stenotic cardia adenocarcinoma using PENTAX Medical EG-3270UK

PENTAX
MEDICAL

Case Study

For Medical Professionals

Patient History

A 42 year old female patient was referred to our department because of having dysphagia since one month and weight loss of 5kg.

A gastroscopy was performed, showing an esophageal stenosis at 38cm of the dental arches and biopsy confirmed undifferentiated adenocarcinoma.

A following CT scan showed a thick wall at the cardia junction, but no lymph nodes. An EUS procedure was scheduled.

EGD Findings:

The ultrasound endoscope passed the stenosis quite easily and the examination started in the second duodenum.

No pre-pyloric lymph nodes were seen. But at the level of the small curvature until the cardia junction, EUS helped the clinician to identify a thick gastric tumor with involvement of the pancreas and LN spreading in the celio-mesenteric area.

Dr. Marc Giovannini
Institute Paoli Calmettes
Marseille, France

In addition EUS showed a complete involvement of the celiac trunk which was considered by the clinician to be a criteria of non-resectability.

Patient Follow-up and Outcome:

A chemotherapy using a TCF protocol was performed.

Summary

Using the slim ultrasound endoscope EG-3270UK, the tolerance of the patient was very good and it could easily pass the stenosis. Advancement of the scope into the second part of the duodenum and evaluation of the pancreas as well as celiac trunk was very good.



Image 1: Thick gastric tumor with pancreatic involvement and LN spreading



Image 2: Doppler imaging of pancreatic and celiac trunk involvement



Image 3: Celiac LN involvement

PENTAX Medical

3 Paragon Drive
Montvale, NJ 07645
Phone + 1 800 431 5880
Fax + 1 201 391 4189
www.pentaxmedical.com/us