A Case of Endoscopic Submucosal Dissection for Esophageal Adenocarcinoma Arising from Ultrashort-segment Barrett’s Esophagus

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Age and Gender: 61/Male

Chief Complaints: For further evaluation of lesion at esophago-gastric junction on endoscopy

PresentIllness: A 61-year-old male was referred to evaluate the suspicious-appearing Barrett’s esophagus after upper endoscopy by local clinic. He underwent endoscopic examination for medical checkup.

Past History: No

Family History: No

Physical Examination and Laboratory Findings: Vital sign was stable. Physical examinations and laboratory findings were unremarkable.

Endoscopic and Radiologic Findings: EGD: Short segment Barrett’s esophagus. Biopsy was done. Chest CT: No definite evidence of infiltrating or enhancing mass like lesion on CT scan, distal esophagus. Small sized lymph node, subcarina, AP window area; reactive lymph node hyperplasia, more likely. PET-CT: mildly increased glucose metabolism at esophago-gastric junction.

Hospital Progress: Endoscopic submucosal dissection was performed successfully.