

CARCINOMA OESOPHAGUS IN PREGNANCY

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Combination of gastrointestinal tract cancer with pregnancy is very rare. Search of the literature has revealed only single case of carcinoma oesophagus in association with pregnancy seen by Nieminen and Remes (1970) over a period of 10 years. Because of rarity a case of carcinoma of the oesophagus in pregnancy is presented.

CASE REPORT

K. 36 year-old female was admitted with complete dysphagia of 15 days duration. Five months prior to hospitalisation she felt difficulty in swallowing solids which gradually progressed to difficulty in swallowing liquids. She used to feel as if the food got stuck opposite the lower end of sternum and taking of anything was followed by vomiting. Vomitus contained whatever matter she had taken. There was no history of haemetemesis, cough and ingestion of corrosives. At the time of admission she had amenorrhoea of 32 weeks duration. She had 5 children and all were healthy. She was emaciated and dehydrated. She was anaemic and there was no lymphadenopathy. Height of the uterus was that of 28 weeks gestation. Haemoglobin was estimated as 8 G %. After correcting dehydration inkwell type of gastrostomy was performed under local anaesthesia and feeding was started. Skiagram of the chest revealed no abnormality. Oesophagoscopy demonstrated complete obliteration of the lumen by a growth at 25 cms. and a biopsy was taken which show-

ed a squamous cell carcinoma. Barium study demonstrated complete obstruction in the lower third of oesophagus because of malignancy (Fig. 1).

Her general condition improved after the establishment of feeding gastrostomy and she gained weight. Patient was not willing for any operative intervention at this stage. At 38 weeks she delivered vaginally a healthy female child weighing 2600 G. Three weeks after delivery she was operated upon. Left thoracotomy revealed non-resectable malignant growth of the lower third of oesophagus, infiltrating into the surrounding structures. Postoperatively she was given a course of radiotherapy, following which she could swallow liquids and semi-solids. She is well 6 months after surgery and has been supplementing her feeding through gastrostomy.

Discussion

Cancer during pregnancy creates a situation in which the mother is burdened by two proliferating systems, the disease and the foetus. One demands elimination or control, the other preservation. The combination constitutes one of the most perplexing problems in medicine. Heartburn, vomiting and dysphagia may occur due to gastrooesophageal reflux and oesophagitis during pregnancy. Physical examination in a case of dysphagia yields little information of help, but weight loss and secondary pulmonary changes may be found in these patients. The time required for a swallow of water to traverse the oesophagus and enter the stomach as adjudged by auscultation over the stomach may be prolonged above the

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usual 4 to 8 seconds, if a high grade stricture is present. Persistent vomiting or dysphagia in a pregnant woman should warrant oesophagoscopy and radiologic examination of upper gastrointestinal tract, if possible by technic of image intensifier by which exposure can be reduced considerably. The present case sought admission only after complete dysphagia because she had been attributing her symptoms to pregnancy.

The course of pregnancy remains unaltered even in the presence of cancer except general deterioration in health due to loss of appetite, vomiting and haemorrhage. In our case, lack of enough intake lead not only to emaciation of the patient but underdevelopment of the foetus as period of amenorrhoea did not

correspond to the height of uterus. Feeding gastrostomy improved the nutrition of the mother and growth of the foetus dramatically. Present concept is that pregnancy does not influence the cancer (Emge, 1934; Warren, 1957).

The treatment is the same as in a non-pregnant woman and prognosis depends upon the extent of the growth at the time of diagnosis. The early diagnosis of cancer in pregnant women as in non-pregnant cases is usually associated with an increase in survival. It is clear that pregnancy definitely delayed the diagnosis of cancer in our case and thus was responsible for poorer prognosis.

References

1. Nieminen, U. and Remes, N.: Acta. Obst. & Gynec. Scand. 49: 315, 1970.

See Fig. on Art Paper IV