

## An Uncommon Complication from Esophageal Neuroendocrine Carcinoma

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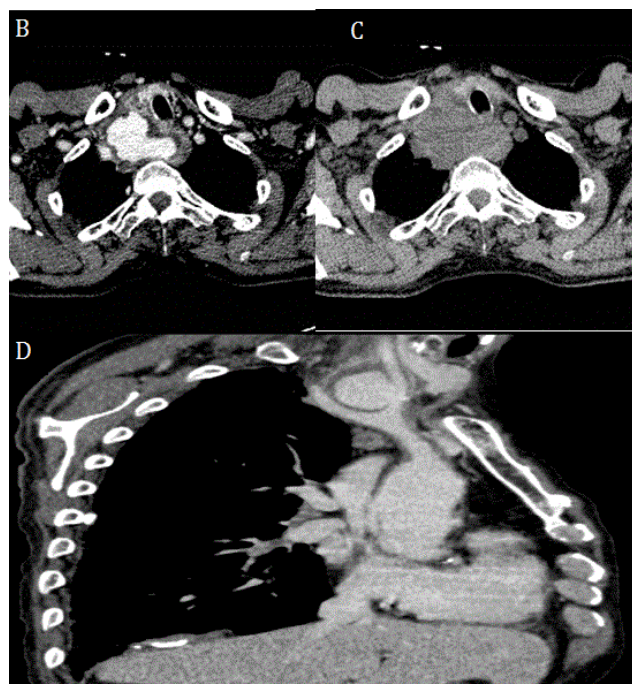
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### Clinical Image

A 78-year-old man complaining of dysphagia for one month came to our hospital. Endoscopy showed a large polypoid, well-circumscribed ulcerated esophageal mass causing obstruction of the lumen. Biopsies indicated small cell neuroendocrine carcinoma (SCNC). CT demonstrated esophageal occupying lesion with metastatic adenopathy in the right para-esophageal gutter (Figure 1). The patient underwent one cycle of etoposide and cisplatin combination neoadjuvant chemotherapy and his symptoms significantly improved. Preparing for second cycle of chemotherapy one month later, he presented with melena twice. Repeated CT showed tumor reduction in size and an irregular solid mass situated at the thoracic inlet, which was identified to be right common carotid arterial pseudoaneurysm after contrast injection (Figure 2). The patient succumbed to death before endovascular repair. Esophageal SCNC is a rare, highly aggressive malignancy with poor prognosis despite multidisciplinary therapies [1]. Metastatic lymphadenopathy invades into right common carotid artery responsible for the occurrence of pseudoaneurysm.



**Figure 1:** CT demonstrated esophageal occupying lesion with metastatic adenopathy in the right para-esophageal gutter.



**Figure 2:** CT showing tumor reduction in size and an irregular solid mass situated at the thoracic inlet, which was identified to be right common carotid arterial pseudoaneurysm after contrast injection.

### References

1. Chen WW, Wang F, Zhang DS, Luo HY, Wang ZQ, et al. (2014) Primary small cell carcinoma of the esophagus: clinicopathological study of 44 cases. BMC Cancer 14: 222.