Sun et al., Intern Med 2016, 6:6 DOI: 10.4172/2165-8048.1000i112

Open Access

Changeable Color of Esophageal Mass: Esophageal Hamartoma

Sun Y1, Zhao Y2, Lu X2 and Cao D2*

Clinical Image

¹Pharmaceutical Department, China-Japan Union Hospital, Jilin University, Changchun 130033, China

²Department of Radiology, The First Hospital of Jilin University, Chang Chun 130021, China

*Corresponding author: Cao D, Department of Radiology, The First Hospital of Jilin University, XinMinZhu Street 71, Changchun, China, Tel: 15804300125, E-mail: caotianbo@126.com

Received date: September 18, 2016; Accepted date: December 08, 2016; Published date: December 16, 2016

Copyright: © 2016 Sun Y, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Citation: Sun Y, Zhao Y, Lu X, Cao D (2016) Changeable Color of Esophageal Mass: Esophageal Hamartoma. Intern Med 6: i112. doi:10.4172/2165-8048.1000i112

Keywords: Esophageal tumor; Diagnosis; Treatment

Clinical Image

A 28-year-old female complaining of epigastric discomfort was informed to have an esophageal mass at her local hospital and came to our hospital for further evaluation and treatment. Chest CT showed a 20 mm \times 4 mm lesion with adipose density similar to cutaneous fat tissue in the upper esophageal lumen. Subsequent endoscopy demonstrated a fleshy, sausage like elongated lesion that originated immediately inferior to the piriform recess and extended into the distal esophagus. The surface of lesion appeared blue after regurgitating to the oral cavity when the patient vomited. Endoscopist explained the difficulties and risks about endoscopic sub-mucosal resection owing to the upper location of the neoplastic stalk, and the patient's relatives declined endoscopic management and turned to surgery. A complete removal of the mass was achieved via a trans-cervical approach with the esophagotomy. Histopathological outcome was consistent with esophageal hamartoma (Figure 1).



Figure 1: a) Chest CT showing lesion with adipose density similar to cutaneous fat tissue in the upper esophageal lumen; endoscopy demonstrated a fleshy; b) sausage like elongated lesion; c) surface of lesion appeared blue after regurgitating to the oral cavity when the patient vomited and d) histopathological outcome.

Hamartoma is a benign, focal hyperplasia of normal and mature tissue composed of one or more cellular elements. The most of hamartomas in the gastrointestinal tract occur as a component of Cowden's disease, while solitary hamartoma rarely develops in the esophagus [1]. Most esophageal hamartomas are pedunculated and located in the upper esophagus, so they have the possibility of regurgitation to the mouth. Interestingly, the changeable color of mass on endoscopy is an important discovery in our patient, and obstruction of blood flow after regurgitation may be responsible for this phenomena. Endoscopic ultrasonography can gain more diagnosite information about sub-mucosal lesions, which is helpful in differentiating hamartoma from other sub-mucosal tumors [2].

References

- Coriat R, Mozer M, Caux F, Chryssostalis A, Terris B, et al. (2011) Endoscopic findings in Cowden syndrome. Endoscopy 43: 723-726.
- Xu GQ (2009) The value of endoscopic ultrasonograghy on diagnosis and treatment of esophageal hamartoma: a case report. Gastrointest Endosc 69: S262.