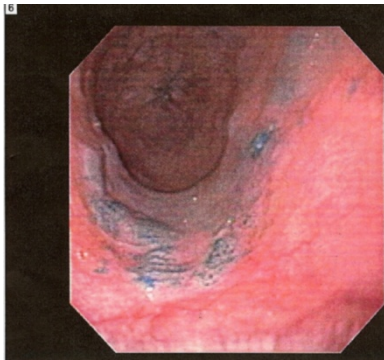


Question 27 – February 3

An 52 year old Asian man is seen for weight loss of 15 pounds in the last 6 months and anorexia. He appears in no distress and denies abdominal pain, nausea, vomiting, dysphasia or odynophagia. He denies any diarrhea or constipation. He has no significant family history for GI malignancy and denies a history of peptic ulcer disease. He is a heavy drinker consuming about six beers and two mixed drinks per day over the last 10 years. He has no history however of chronic liver disease or chronic pancreatitis. His laboratory testing is unremarkable. He undergoes bidirectional endoscopy and you find a 8mm adenoma in the colon but it is otherwise normal. His upper endoscopy however reveals the following lesion:



What other lesions should you be looking for having found this esophageal abnormality?

- A. Pancreatic cancer
- B. Squamous cell lung cancer
- C. Gluten sensitive enteropathy
- D. Oropharyngeal cancer
- E. Multicentric small bowel carcinoids

Answer: D

Esophageal melanosis is most often seen in alcoholic men and is highly associated with esophageal and aerodigestive malignancies. Therefore this patient should have a detailed exam of the esophagus completed to look for squamous cell dysplasia with chromoendoscopy as well overt squamous cell carcinomas. He should also undergo a detailed ENT examination for oropharyngeal malignancies. None of the other disorders mentioned are associated with esophageal melanosis.

References:

1. Yokoyama, A. et al. *Esophageal melanosis, an endoscopic finding associated with squamous cell neoplasms of the upper aerodigestive tract, and inactive aldehyde dehydrogenase-2 in alcoholic Japanese men.* J Gastroenterol. 407(7):676-84, 2005.