

Endoscopic resection of a huge Vanek's tumor (inflammatory fibroid polyp)



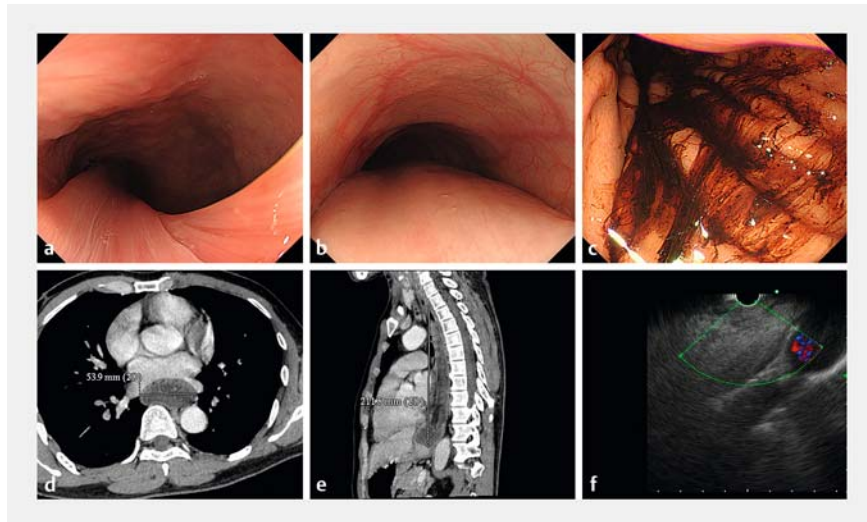
A 43-year-old man vomited a “sausage-like” mass into the mouth after drinking a bottle of beer; the mass was then re-swallowed. He subsequently experienced intermittent retrosternal discomfort. Esophagogastroduodenoscopy (EGD) at the local hospital showed a huge esophageal tumor. The patient was transferred to our hospital for further endoscopic resection.

Chest computed tomography scan showed a space-occupying lesion in the esophageal cavity. We re-examined the EGD, and a giant, thick, pedunculated tumor was located at the entrance of the esophagus (approximately 16 cm from the incisors) and extending to the cardia. The tumor surface was smooth with ulceration on the apical surface. We observed a small amount of coffee-like liquid in the gastric cavity. Endoscopic ultrasound showed that the lesion was hyperechoic without significant blood flow signal inside the lesion (► **Fig. 1**).

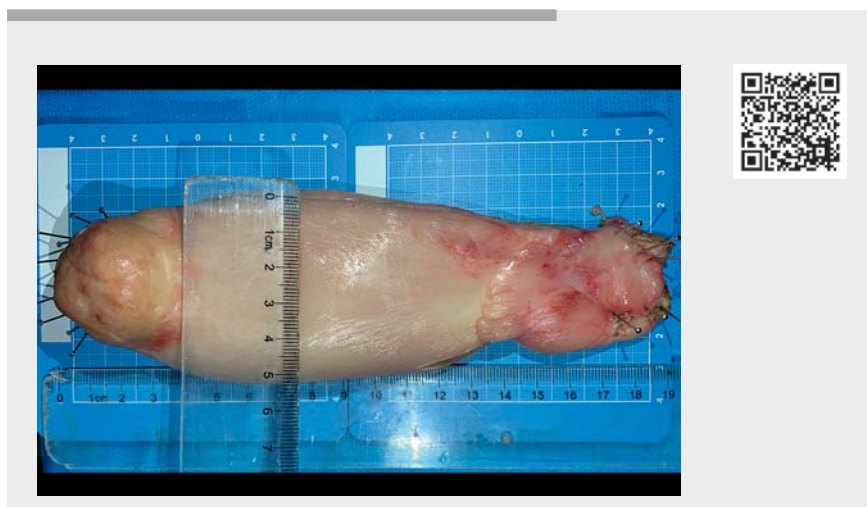
We performed endoscopic submucosal dissection, with no perforation or obvious bleeding (► **Video 1**). The diameter of the tumor was too large to be successfully removed in a single piece through the upper esophagus and pharynx; it was therefore cut into two pieces longitudinally using a hook knife in the esophageal lumen, and the two specimens were successfully removed using a snare. The overall specimen size was 55 mm × 190 mm and the weight was 155.44 g (► **Fig. 2**).

The histological findings confirmed that the tumor was an inflammatory fibroid polyp (► **Fig. 3**). The tumor was an extremely rare and huge tumor of the esophagus. No significant discomfort has been experienced by the patient during follow-up to date.

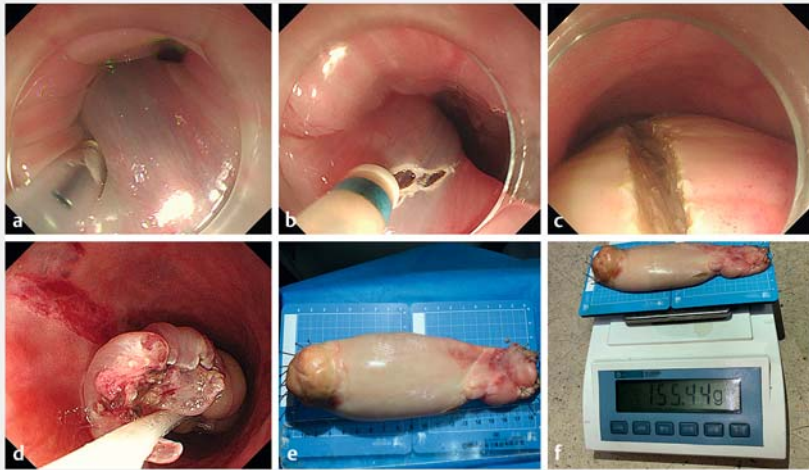
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► **Fig. 1** Preoperative diagnosis. **a, b** A huge tumor in the esophagus. **c** Coffee-like liquid in the gastric cavity. **d, e** Computed tomography showed a space-occupying lesion in the esophageal cavity. **f** Endoscopic ultrasound showed that the lesion was hyperechoic without significant blood flow signal.



► **Video 1** Endoscopic resection of a huge esophageal tumor, which was subsequently retrieved using a snare after cutting into two pieces longitudinally.




► **Fig. 2** Endoscopic resection. **a, b** Endoscopic resection of the tumor. **c** The tumor was cut into two pieces longitudinally. **d** The two specimens were removed using a snare. **e, f** The resected specimen was 55 mm × 190 mm and weighed 155.44 g.

Competing interests

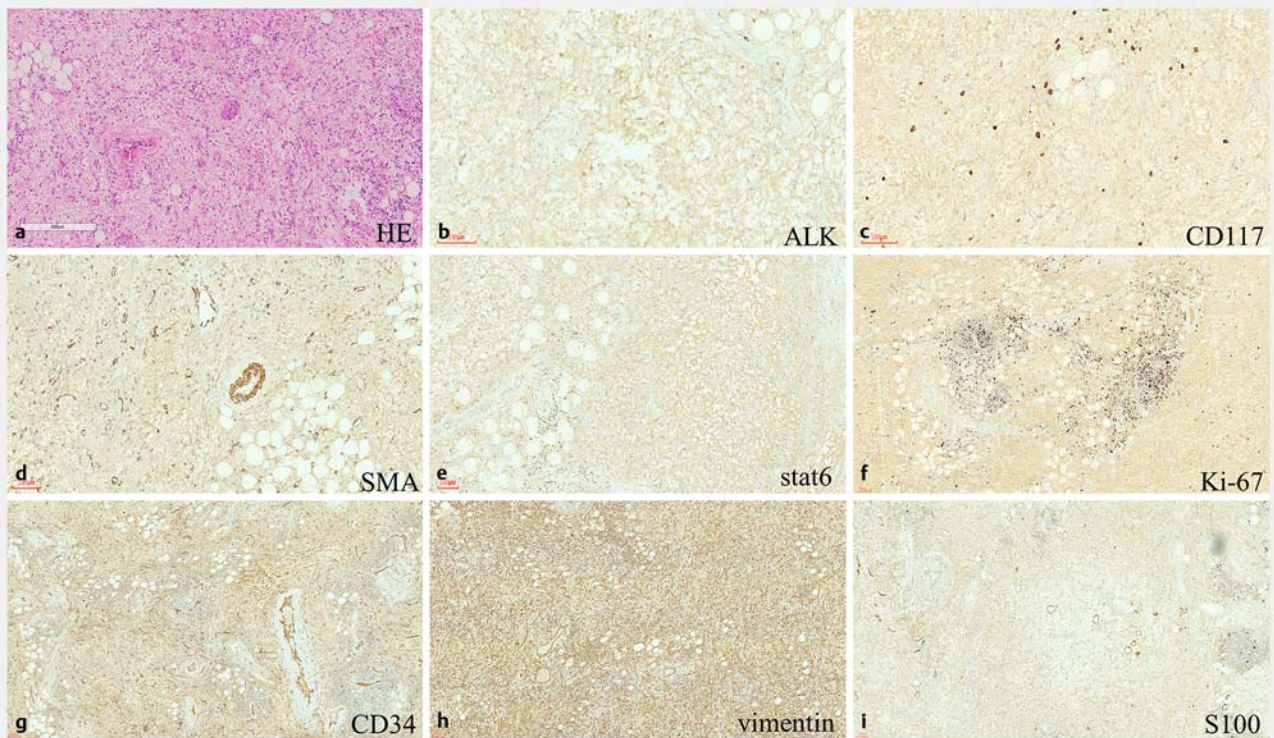
The authors declare that they have no conflict of interest.

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► **Fig. 3** Histological diagnosis. **a** Hematoxylin and eosin stain. **b–i** Immunohistochemical examination. All the findings confirmed that the tumor was an inflammatory fibroid polyp. ALK, anaplastic lymphoma kinase; SMA, alpha smooth muscle actin.

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Bibliography

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