

# A 52 Y.O. F with 6 months history of difficulty to swallow

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# BOTSOGO

BOTSWANA ONCOLOGY  
GLOBAL OUTREACH

# History of Present Illness

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- First symptom November 2014, with difficulty to swallow solid first then liquid
- Consult at Rasese clinic, treated with Paracetamol and referred to D.R.M.
- Sent for endoscopy but couldn't be done.
- D.R.M. referred to P.M.H./ENT sent for barium swallow
- Referred to Thoracic surgeon with the barium swallow for biopsy and further management





# History of Present Illness

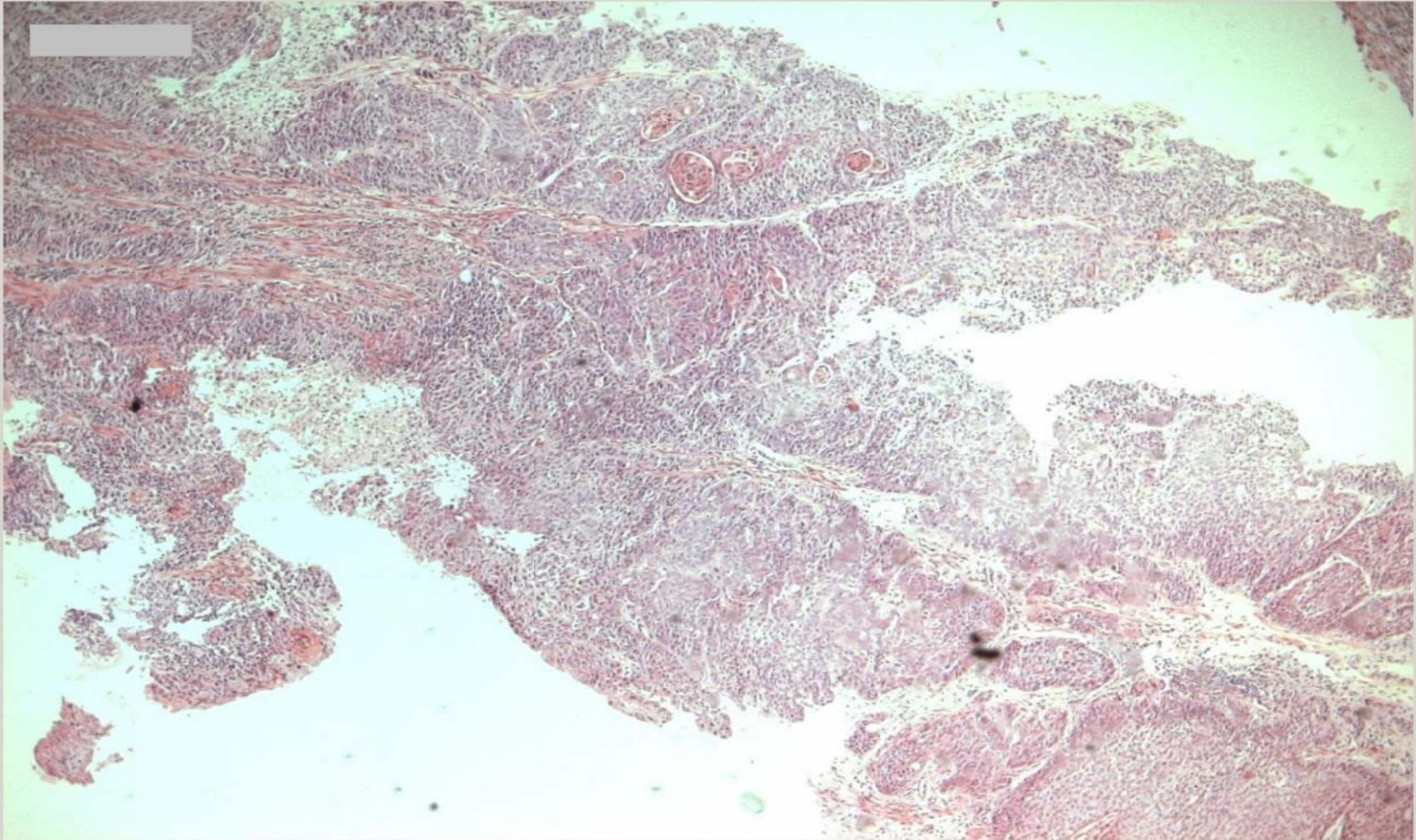
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- [REDACTED], 2015 seen at cardiothoracic surgeon clinic and admitted to female surgical ward.
- Two days after a dilatation and biopsy was performed and patient D/C home on the [REDACTED]/04 with a booking of [REDACTED]/05/2015 for stenting and biopsy result.
- [REDACTED]/05/2015 biopsy result confirmed a esophagus scc and patient referred to Oncology department without stenting.



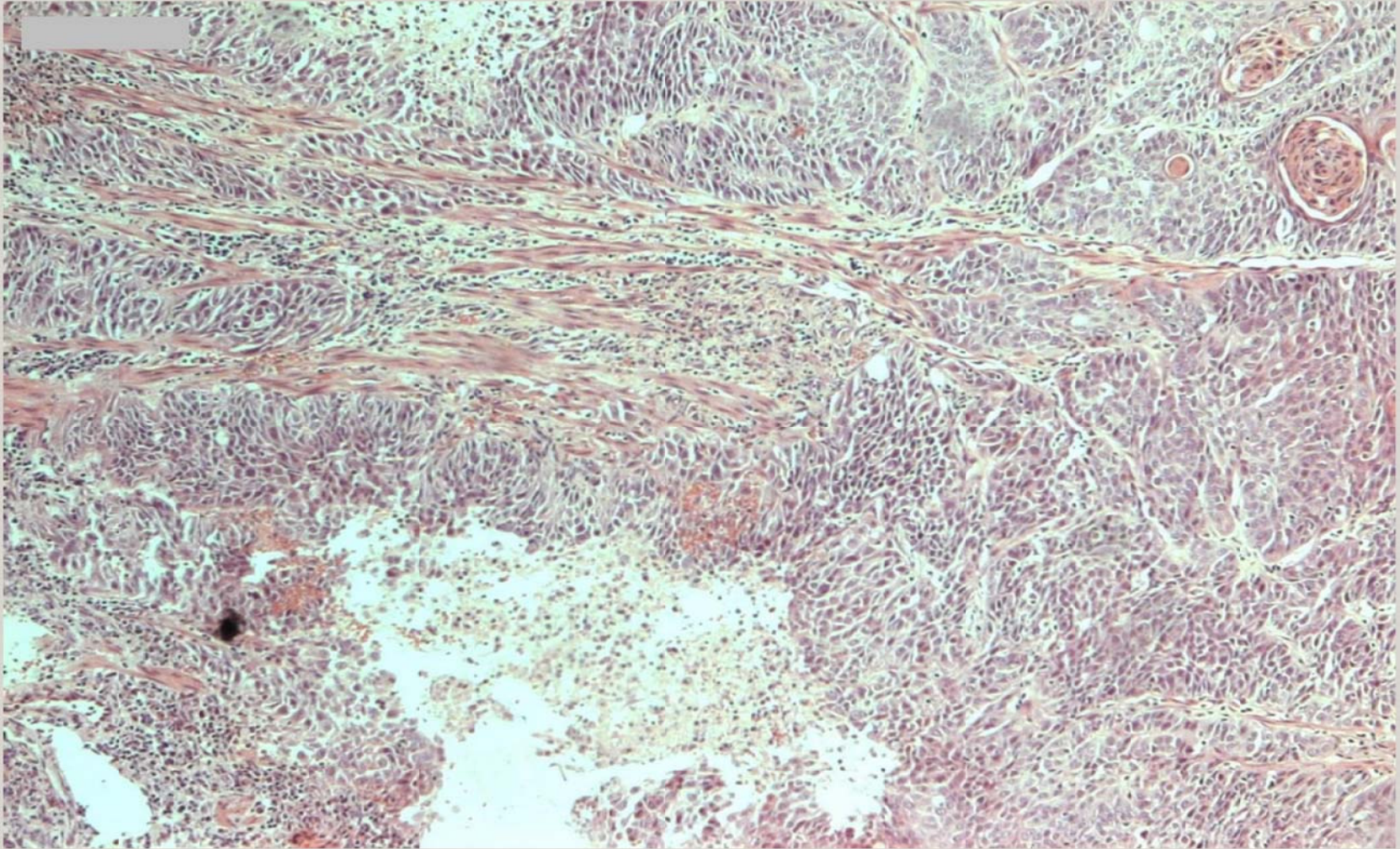


# Pathology: [REDACTED] (H&E. x 5)



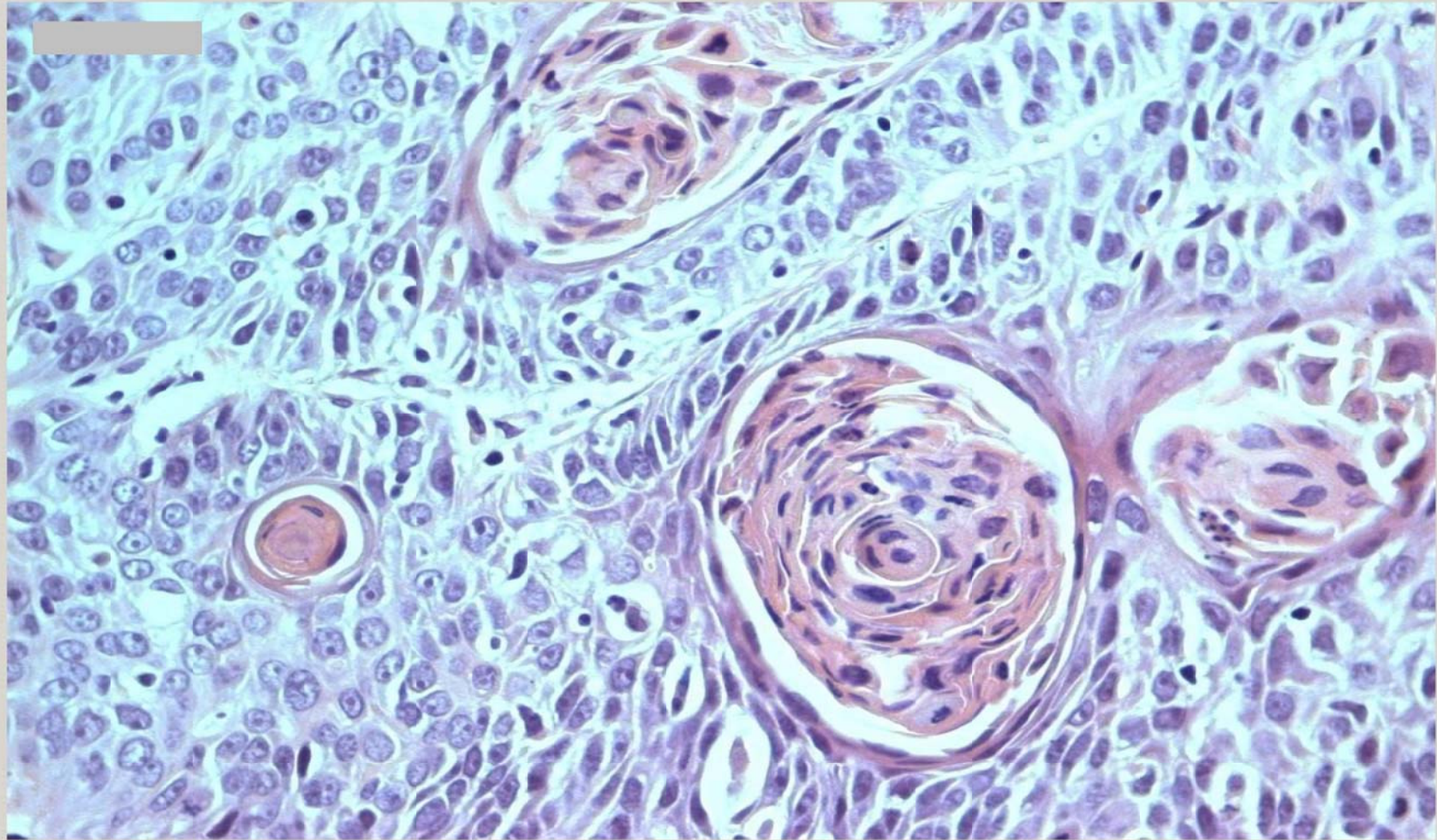


# Pathology: [REDACTED] (H&E. x 10)





# Pathology: [REDACTED] (H&E. x 40)





# Past Medical History

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- HIV negative.
- No history of T.B, no HTN, no D.M
- No allergies.
- No surgical history.
- Medication: Paracetamol.
- Denied alcohol and tobacco use.
- Single mother of 5 children.
- Not working.
- Eating ordinary food.

History of cancer to the family: elder sister died of esophagus cancer some years ago. The father died of prostate cancer .



# Examination (Oncology Admission Day)

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- Stable Patient able to walk freely with a P.S of 0
- Not pale, not febrile
- No Lymphadenimegaly
- Moderately emaciated
- CVS not particular
- Abdomen soft not distended no organomegaly
- No Pedal edema.

Plan : Admit to interim home for Chemo-R.T at G.P.H



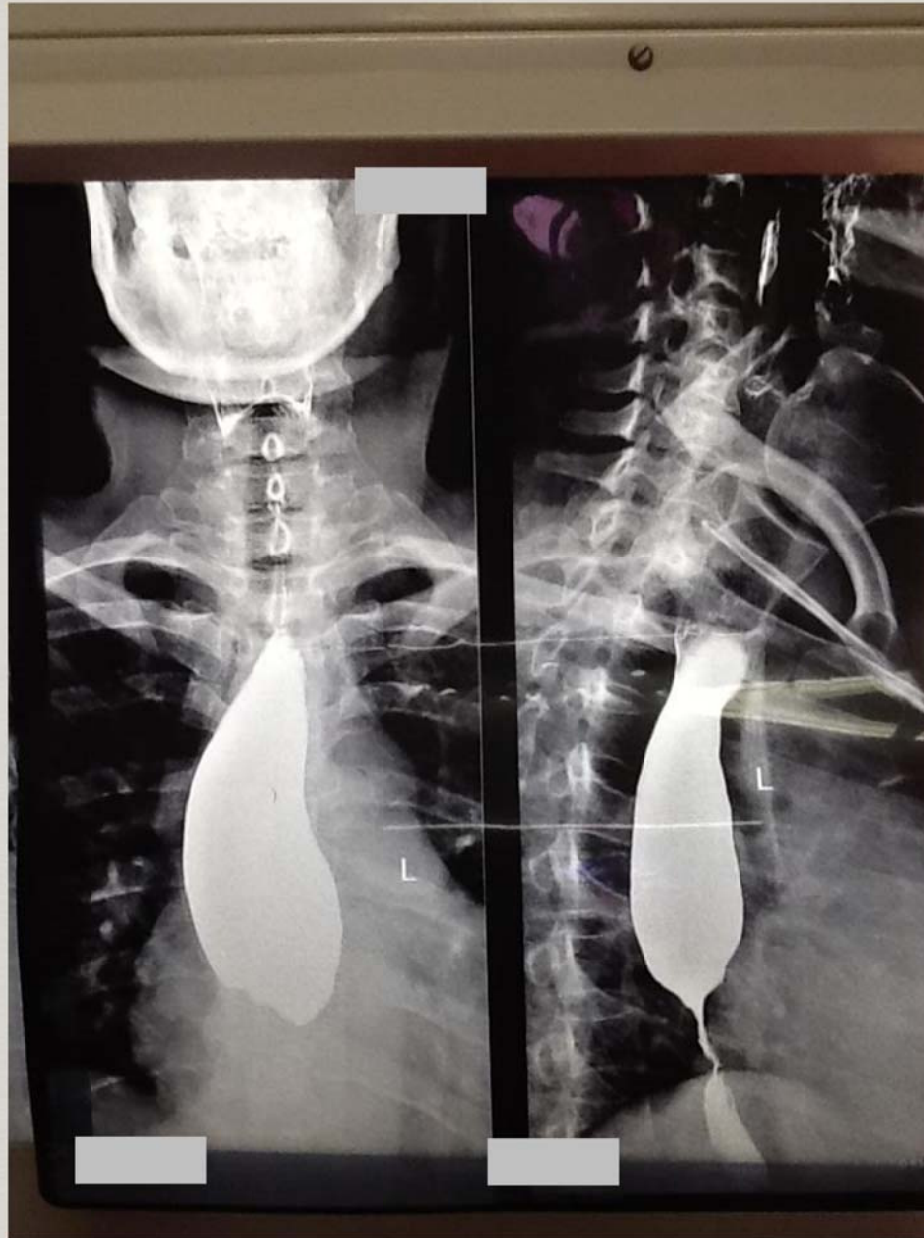


# Barium Swallow



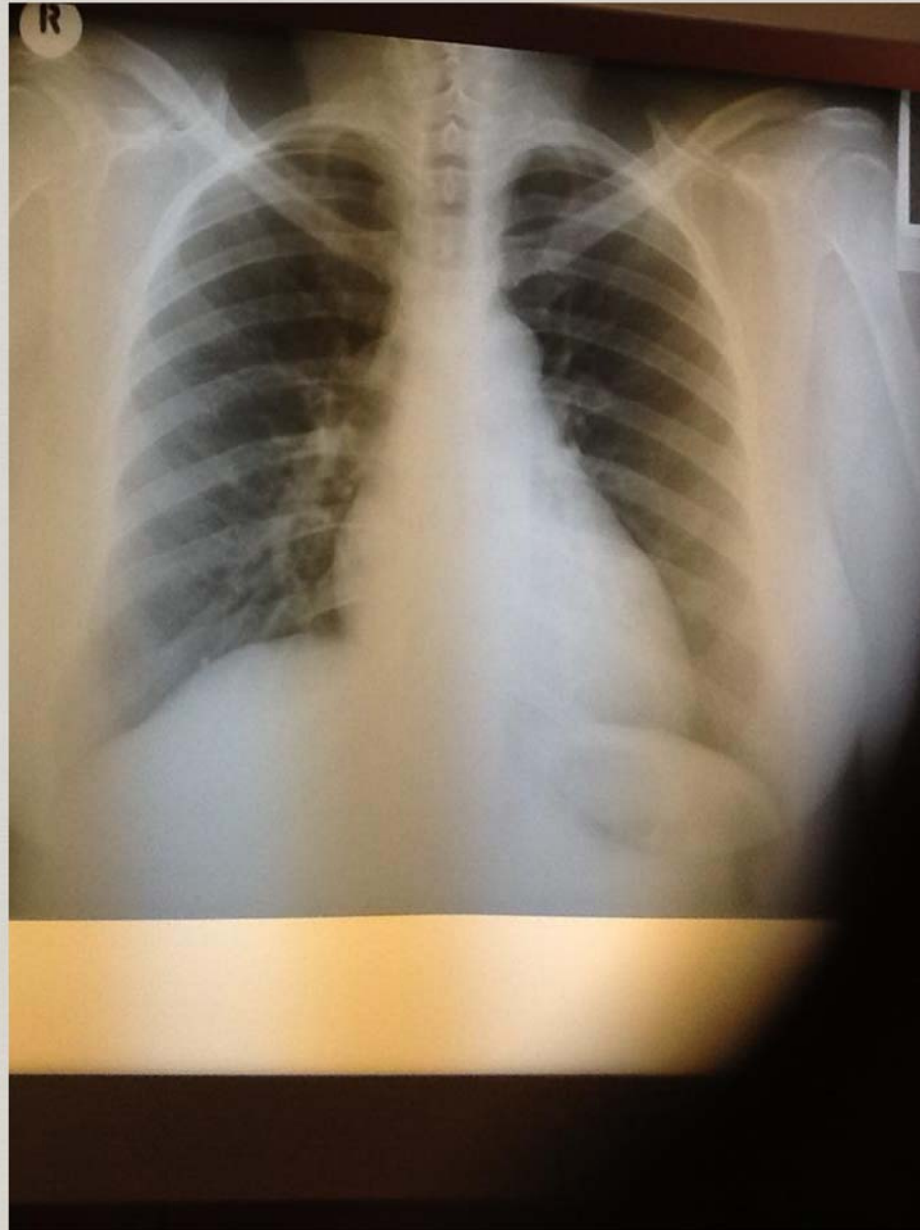


# Barium Swallow





# CXR





# Investigations

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Wbc: 5,04; Hb: 12,6 Plat : 262; Urea: 2,4

U/S abd Normal

CXR: Normal

Barium swallow : showing a 2,5cm long and 0,3 cm with irregular structure of the esophagus seen at 20,6cm of the oropharynx and 4,3 cm of the cardia.

No evidence of a fistula.

Histopathology: esophageal tissue revealed an infiltrating, well differentiated, keratinizing, squamous cell carcinoma.





# Evolution

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She will be at interim home until 02/09/2015

She had recurrent vomiting, and transfer to oncology ward.

Clinically she was very weak and not able to walk with a P.S: 3

Lab: Na:161; K: 2,4 ; Urea:19,1; Hb: 14,4

Plat: 46

Barium swallow plan.....

then D/C home on the 02/09/15 after stabilization.





# Treatment

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She was given Chemotherapy and radiotherapy at GPH  
Cisplatin :75mg/m<sup>2</sup> + 5FU 1g/m<sup>2</sup> D1-D4 week I and IV

Radiotherapy : Chest: 4,000cGy; Fx20

Chest Boost: 1,000cGy ; Fx5

Side effects: Oesophagitis and grade 3 neuropathy  
secondary to cisplatin

Response : Deteriorating P.S

Suggest physio for mobility, and dietician assessment.





# Follow-up

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On ■■■/09/15:

Presented very weak, tired, walking with support  
P.S: 3

Emaciated, weight: 48Kg from (92Kg 3 years ago)

Can only swallow a small cup of water, no soft .

Spitting all the time.

Epigastria pain on palpation.



# Treatment

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We plan to have a feeding tube on her by writing a guarantee form

What next ?

