

■ 4-EN A case of esophageal carcinosarcoma resected by laparoscopy and endoscopy cooperative surgery (LECS)

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In October 2016, a 70 years old man with diabetes underwent esophagogastroduodenoscopy (EGD) for investigation of the cause of anemia. Initial EGD revealed a 10-cm pedunculated tumor in the stomach, and he was referred to our hospital for further detailed examination and treatment. EGD revealed that the tumor had originated from the abdominal esophagus, and that the entire tumor had migrated to the stomach. The surface of the tumor was covered by squamous epithelium and a part of the head displayed ulceration. A biopsy specimen from the marginal zone of the ulcer revealed squamous cell carcinoma. A computed tomography scan showed no significant lymph node metastasis or distant metastasis. Due to his poor performance based on the activities of daily living scale (PS 3), there seemed to be a high amount of risk in performing subtotal esophagectomy and lymph node dissection. Therefore, we chose LECS. Firstly, five ports were placed in the upper abdomen by the surgical team. Next, the endoscopist resected the tumor en bloc using an SB knife. The surgical team then laparoscopically incised the anterior wall of the gastric body and salvaged the resected tumor using a specimen retrieval pouch to prevent contact between the tumor and intra-abdominal organs. Pathological diagnosis of the resected lesion was carcinosarcoma of esophagus (squamous cell carcinoma with sarcomatous overgrowth), pT1b-SM, INFb, ly (-), v (-), pHMO, pVMO.

■ 4-JP 巨大な食道癌肉腫に対し腹腔鏡・内視鏡合同手術 (LECS) を施行した 1 例

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【症 例】70 歳代，男性

【主 訴】なし

【既往歴】2 型糖尿病，慢性腎不全，変形性脊椎症

【現病歴】2016 年 10 月，貧血精査目的に施行された近医の上部消化管内視鏡検査にて，胃内に径 10cm 大の腫瘍を認め，精査加療目的に当科紹介となった。当科での上部消化管 X 線造影検査および上部消化管内視鏡検査では，腹部食道を起始部とする径 10cm 大の有茎性腫瘍を認め，腫瘍全体が胃内に脱落していた。病変表面の大部分は正常扁平上皮に覆われていたが，頂部に潰瘍を伴っていた。インジゴカルミン散布では潰瘍辺縁に不整は目立たず，ヨード染色でも明らかな不染域を認めなかったが，潰瘍辺縁からの生検で扁平上皮癌が検出された。頸部～骨盤部 CT では，明らかなリンパ節・遠隔転移を認めなかった。患者 ADL が performance status 3 であったことから，リンパ節郭清を伴う食道亜全摘術は侵襲が大きいと考え，内視鏡的粘膜下層剥離術にて病変を摘除後，腹腔鏡下に病変を回収する方針とした。仰臥位で上腹部に 5 カ所ポートを留置し，SB ナイフにて病変を一括摘除後，腹腔鏡下に体中部から体下部の前壁を切開し，腹腔内に接触しないようエンドキャッチにて腫瘍を回収した。病理組織学的診断は，carcinosarcoma of esophagus (squamous cell carcinoma with sarcomatous overgrowth)，pT1b-SM, INFb, ly (-), v (-), pHMO, pVMO であった。