

HENRY FORD HEALTH

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Introduction

Esophageal cancer is a common malignancy with a poor prognosis when metastasized. Approximately half of the patients present with distant metastases at diagnosis, and one-third develop them after initial treatment. Brain metastases from esophageal cancer are rare, with an incidence of 0.32% to 13% and a mean survival of less than one year. Adenocarcinoma more frequently metastasizes to the liver and brain, while squamous cell carcinoma typically involves the lungs. This case highlights the challenges both diagnostically and therapeutically in late-stage metastatic esophageal cancer presenting with neurological symptoms.

Case

A 68-year-old male with a past medical history of esophagectomy for esophageal cancer two months prior, pulmonary embolism, deep vein thrombosis on Eliquis, hypertension, and a transient ischemic attack presented to the emergency department with worsening weakness and ataxia. He reported a 10-day history of worsening left-sided weakness, headaches, clumsiness, intention tremors, nausea, and vomiting. The headaches were the worst when waking up, but improved throughout the day without medication. His chief complaint was feeling unsteady on his feet. The patient had undergone esophagectomy two months prior at an outside facility. On admission, a CT scan of the brain revealed multiple cerebellar lesions.

Esophageal Cancer with Late Diagnosis of Metastasis to the Brain in a **Patient Presenting with Neurological Symptoms**

Clinical Course

Neurosurgery was consulted, and an MRI of the brain showed a 4.5 x 2.7 x 2.9 cm enhancing mass in the left cerebellar hemisphere, concerning for neoplasm. The patient underwent an occipital craniotomy with resection of the cerebellar mass. Pathology confirmed a poorly differentiated adenocarcinoma, consistent with metastasis from the patient's known gastric cardia poorly differentiated invasive adenocarcinoma. Postoperatively, the patient's condition deteriorated. He became septic and family ultimately decided to make him comfort care.





Figure 2. Axial View

metastatic disease.

This case emphasizes the importance of early recognition of neurological symptoms, especially those with a recent history of malignancy. Prompt imaging and differential diagnoses are crucial for early intervention, as they can significantly impact outcomes. It also highlights the necessity of a multidisciplinary approach, and that clinicians must maintain a high index of suspicion for metastasis in cancer patients presenting with new neurologic symptoms.

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Discussion

Brain metastases from esophageal cancer are exceedingly rare, and the prognosis remains poor, with a mean survival of less than one year. These patients often present with ambiguous neurological symptoms, resulting in delayed diagnosis. In this case, cerebellar lesions and a large enhancing mass were identified through imaging, underscoring the importance of early radiographic evaluation. Initial management typically involves surgery,

chemotherapy, and/or radiation therapy. However, the anatomic location of brain metastases and the associated treatment complications pose significant challenges. This patient's postoperative course was complicated by intracranial hemorrhage, sepsis, and ultimately respiratory failure, which further highlights the complexity of treating advanced

Conclusion

References

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