

World Journal of *Gastrointestinal Endoscopy*

World J Gastrointest Endosc 2017 December 16; 9(12): 561-593



ORIGINAL ARTICLE

Retrospective Study

- 561 Gastric endoscopic submucosal dissection as a treatment for early neoplasia and for accurate staging of early cancers in a United Kingdom Caucasian population

Sooltongos A, Davenport M, McGrath S, Vickers J, Senapati S, Akhtar K, George R, Ang Y

Observational Study

- 571 Lumen-apposing metal stents for benign gastrointestinal tract strictures: An international multicenter experience

Santos-Fernandez J, Paiji C, Shakhathreh M, Becerro-Gonzalez I, Sanchez-Ocana R, Yeaton P, Samarasena J, Perez-Miranda M

CASE REPORT

- 579 Retroperitoneal epithelioid sarcoma: A case report

Coronado JA, Chávez MA, Manrique MA, Cerna J, Trejo AL

- 583 Endoscopic ultrasound-guided fine-needle aspiration for diagnosing a rare extraluminal duodenal gastrointestinal tumor

Hayashi K, Kamimura K, Hosaka K, Ikarashi S, Kohisa J, Takahashi K, Tominaga K, Mizuno K, Hashimoto S, Yokoyama J, Yamagiwa S, Takizawa K, Wakai T, Umezu H, Terai S

- 590 Deanxit relieves symptoms in a patient with jackhammer esophagus: A case report

Li JY, Zhang WH, Huang CL, Huang D, Zuo GW, Liang LX

Contents

World Journal of Gastrointestinal Endoscopy
Volume 9 Number 12 December 16, 2017

ABOUT COVER

Editorial Board Member of *World Journal of Gastrointestinal Endoscopy*, Gelu Osian, MD, PhD, Doctor, Head, Surgeon, Multi Organ Transplant Center, Department of Transplant Surgery, King Fahad Specialist Hospital-Dammam, Dammam 31444, Eastern Province, Saudi Arabia

AIM AND SCOPE

World Journal of Gastrointestinal Endoscopy (*World J Gastrointest Endosc*, *WJGE*, online ISSN 1948-5190, DOI: 10.4253) is a peer-reviewed open access (OA) academic journal that aims to guide clinical practice and improve diagnostic and therapeutic skills of clinicians.

WJGE covers topics concerning gastroscopy, intestinal endoscopy, colonoscopy, capsule endoscopy, laparoscopy, interventional diagnosis and therapy, as well as advances in technology. Emphasis is placed on the clinical practice of treating gastrointestinal diseases with or under endoscopy.

We encourage authors to submit their manuscripts to *WJGE*. We will give priority to manuscripts that are supported by major national and international foundations and those that are of great clinical significance.

INDEXING/ABSTRACTING

World Journal of Gastrointestinal Endoscopy is now indexed in Emerging Sources Citation Index (Web of Science), PubMed, and PubMed Central.

FLYLEAF

I-III Editorial Board

EDITORS FOR THIS ISSUE

Responsible Assistant Editor: *Xiang Li*
Responsible Electronic Editor: *Ya-Jing Lu*
Proofing Editor-in-Chief: *Lian-Sheng Ma*

Responsible Science Editor: *Li-Jun Cui*
Proofing Editorial Office Director: *Xiu-Xia Song*

NAME OF JOURNAL
World Journal of Gastrointestinal Endoscopy

ISSN
ISSN 1948-5190 (online)

LAUNCH DATE
October 15, 2009

FREQUENCY
Monthly

EDITORS-IN-CHIEF
Atsushi Imagawa, PhD, Director, Doctor, Department of Gastroenterology, Mitoyo General Hospital, Kan-onji, Kagawa 769-1695, Japan

Juan Manuel Herrerias Gutierrez, PhD, Academic Fellow, Chief Doctor, Professor, Unidad de Gestión Clínica de Aparato Digestivo, Hospital Universitario Virgen Macarena, Sevilla 41009, Spain

EDITORIAL BOARD MEMBERS
All editorial board members resources online at <http://www.wjgnet.com>

www.wjgnet.com/1948-5190/editorialboard.htm

EDITORIAL OFFICE
Xiu-Xia Song, Director
World Journal of Gastrointestinal Endoscopy
Baishideng Publishing Group Inc
7901 Stoneridge Drive, Suite 501, Pleasanton, CA 94588, USA
Telephone: +1-925-2238242
Fax: +1-925-2238243
E-mail: editorialoffice@wjgnet.com
Help Desk: <http://www.f6publishing.com/helpdesk>
<http://www.wjgnet.com>

PUBLISHER
Baishideng Publishing Group Inc
7901 Stoneridge Drive, Suite 501, Pleasanton, CA 94588, USA
Telephone: +1-925-2238242
Fax: +1-925-2238243
E-mail: bpgoffice@wjgnet.com
Help Desk: <http://www.f6publishing.com/helpdesk>
<http://www.wjgnet.com>

PUBLICATION DATE
December 16, 2017

COPYRIGHT
© 2017 Baishideng Publishing Group Inc. Articles published by this Open-Access journal are distributed under the terms of the Creative Commons Attribution Non-commercial License, which permits use, distribution, and reproduction in any medium, provided the original work is properly cited, the use is non commercial and is otherwise in compliance with the license.

SPECIAL STATEMENT
All articles published in journals owned by the Baishideng Publishing Group (BPG) represent the views and opinions of their authors, and not the views, opinions or policies of the BPG, except where otherwise explicitly indicated.

INSTRUCTIONS TO AUTHORS
<http://www.wjgnet.com/bpg/gerinfo/204>

ONLINE SUBMISSION
<http://www.f6publishing.com>

Retroperitoneal epithelioid sarcoma: A case report

José A Coronado, Miguel Á Chávez, Martín A Manrique, Jony Cerna, Ana L Trejo

José A Coronado, Miguel Á Chávez, Martín A Manrique, Jony Cerna, Division of Gastrointestinal Endoscopy, Hospital Juarez de Mexico, Mexico City, CDMX 07760, Mexico

Ana L Trejo, Division of Anatomic Pathology, Hospital Juarez de Mexico, Mexico City, CDMX 07760, Mexico

Author contributions: All authors contributed to the acquisition of data, writing, and revision of this manuscript.

Supported by Hospital Juarez de Mexico in Mexico City, Mexico.

Institutional review board statement: This case report was exempt from the Institutional Review Board standards at Hospital Juarez de Mexico.

Informed consent statement: The family involved in this case gave written and verbal consent authorizing use and disclosure of the health information.

Conflict-of-interest statement: All the authors have no conflicts of interest to declare.

Open-Access: This article is an open-access article which was selected by an in-house editor and fully peer-reviewed by external reviewers. It is distributed in accordance with the Creative Commons Attribution Non Commercial (CC BY-NC 4.0) license, which permits others to distribute, remix, adapt, build upon this work non-commercially, and license their derivative works on different terms, provided the original work is properly cited and the use is non-commercial. See: <http://creativecommons.org/licenses/by-nc/4.0/>

Manuscript source: Unsolicited manuscript

Correspondence to: José A Coronado, MD, Endoscopy Fellow at the Division of Gastrointestinal Endoscopy, Division of Gastrointestinal Endoscopy, Hospital Juarez de Mexico, Pílares 501-503 Colonia del Valle, Delegación Benito Juárez, Mexico City, CDMX 07760, Mexico. betto_coronado@yahoo.com
Telephone: +52-55-57477560-7222
Fax: +52-61-41408503

Received: February 4, 2017

Peer-review started: February 6, 2017

First decision: March 6, 2017

Revised: March 31, 2017

Accepted: April 23, 2017

Article in press: April 23, 2017

Published online: December 16, 2017

Abstract

Epithelioid sarcoma (ES), a mesenchymatous malign neoformation, is often diagnosed in later stages and associated with high recurrence index, metastasis and mortality. We report a case of a 65 years old male, with history of abdominal pain and upper gastrointestinal bleeding. Endoscopy demonstrated a posterior duodenal wall perforation communicating with a solid retroperitoneal neoformation. Endoscopic biopsy was performed, with a final report of ES. The patient was submitted for surgical palliation due to the tumor's unresectability. Retroperitoneal ES is an extremely rare condition with limited reports in the literature where guidelines for its optimal treatment are not well established.

Key words: Epithelioid sarcoma; Retroperitoneal; Mesenchymatous neoformation; Duodenal perforation; Endoscopy

© **The Author(s) 2017.** Published by Baishideng Publishing Group Inc. All rights reserved.

Core tip: Epithelioid sarcoma (ES) is a rare malign neoformation, often diagnosed in later stages and associated with high recurrence index and mortality. We report a case of a 65 years old male with a posterior duodenal wall perforation found during endoscopy, communicating with a solid retroperitoneal neoformation. Endoscopic biopsies were sufficient for the diagnosis. Retroperitoneal ES is an extremely rare condition with limited reports, where guidelines for its optimal treatment are not well established.

Coronado JA, Chávez MA, Manrique MA, Cerna J, Trejo AL. Retroperitoneal epithelioid sarcoma: A case report. *World J*

INTRODUCTION

Epithelioid sarcoma (ES) was originally described in 1970 by Enzinger^[1]. It is a rare malignant mesenchymatous tumor more frequently found in young patients from 23 to 40 years old; however with a range of presentation between 4 and 90 years of age^[2]. Due to its diverse clinical scenario, diagnosis is generally delayed. Usually divided in proximal and distal presentation, with predominant topography on distal zones such as upper extremities, mainly fingers, hands and wrists^[3]. The distal form is composed of spindle to polygonal epithelioid cells arranged in nodules with central necrosis. The proximal form was described in 1997, arising in the deep part of the pelvis, perineum and genital tract. It presents large epithelioid carcinoma-like cells and has a more aggressive clinical course than the distal presentation^[4].

Microscopic appearance of ES ranges from spindle cells to large polygonal cells with an acidophilic cytoplasm^[5]. Diagnosis can be confirmed with immunohistochemical staining positive for epithelial markers such as cytokeratin and epithelial membrane antigen, a mesenchymatous marker (vimentin) and CD34^[6]. Finally, in some small series cytogenetic analysis has been performed, finding genetic alterations at the long arm of chromosome 22^[7].

ES is distinguished by its high recurrence rate, with local recurrences reported in up to 77%, and an elevated percentage of node and lung metastasis (36%-44%)^[8]. Five year, and 10-year survival are 65.3% and from 25% to 50% respectively^[6]. However, the mean time from recurrence to death in patients older than 36 years stands at 5.6 ± 4.5 mo and in younger patients at 15.2 ± 17.2 mo^[3]. Furthermore, the specific treatment for this pathology has not been established by international consensus; where a distal type ES tends to avoid amputation, a local recurrence is treated with local excision plus radiotherapy^[7]. But, in tumors with unfavorable factors such as, proximal type or size greater than 5 cm, a systemic treatment plus surgical intervention should be evaluated^[9].

CASE REPORT

A 65 years old Hispanic male with a remarkable medical history, presented with a one month history of right upper quadrant abdominal pain and upper gastrointestinal bleeding characterized by intermittent melena. Episodes of fever were also reported. Physical examination revealed a palpable right upper quadrant abdominal mass extending up to 4 cm below the costal margin. CT scan reported an infiltrative lesion in duodenum and

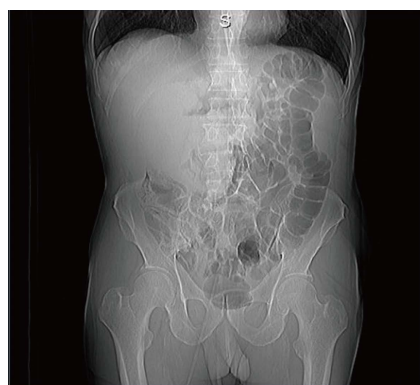


Figure 1 Abdominal radiography showing right upper quadrant mass enlargement.

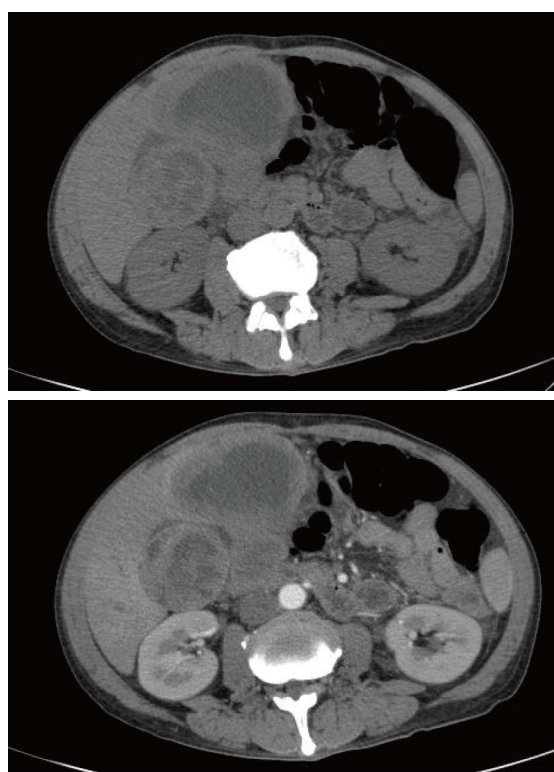


Figure 2 Computed tomography scan (simple and arterial phase) with infiltrative lesion at duodenum and gallbladder.

gallbladder affecting the splenic, hepatic and mesenteric vascularity (Figures 1 and 2). Endoscopy was performed finding a 2 cm opening from the posterior duodenal wall communicating with a solid retroperitoneal mass, irregular, indurated and extremely friable measuring more than 10 cm in diameter (Figure 3).

The patient was treated with palliative surgery, performing a gastro-jejunal anastomosis, with a postoperative report of retroperitoneal tumor invading duodenum and gallbladder. Final histopathological report stated the presence of retroperitoneal ES positive for cytokeratin and vimentin (Figure 4). Lastly, the patient was deceased two weeks after the initial diagnosis.

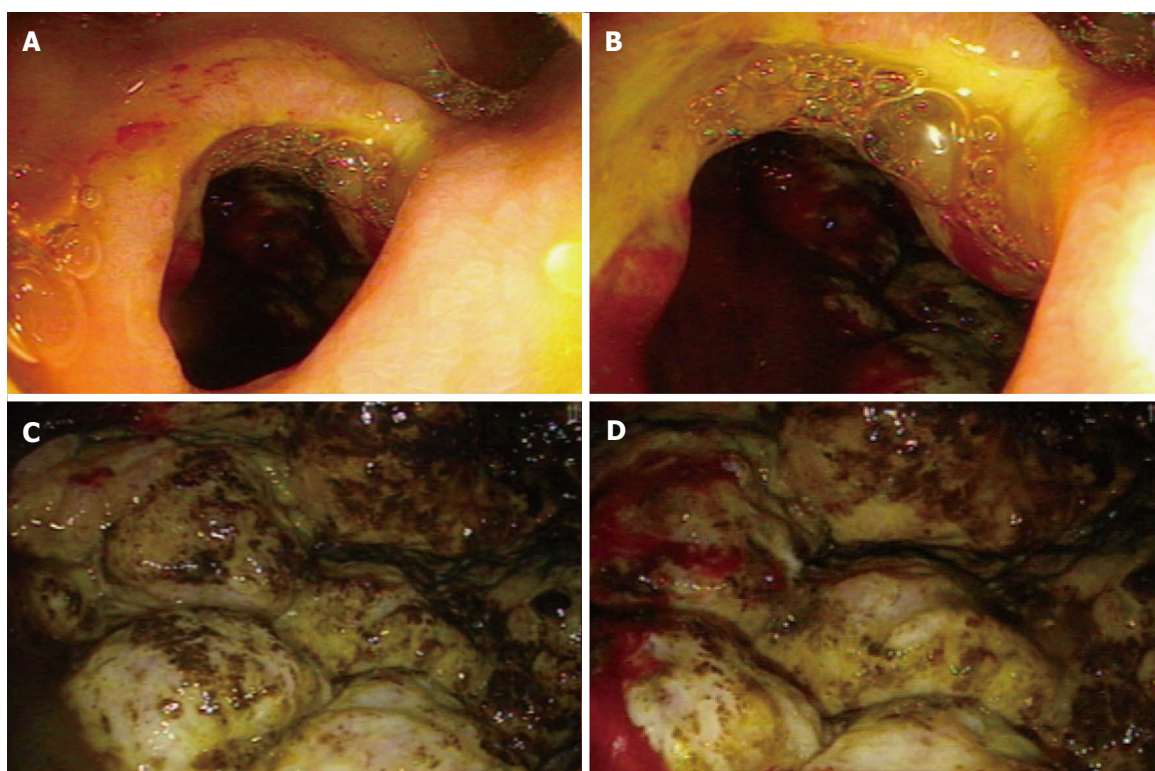


Figure 3 Duodenal posterior wall perforation (A and B), retroperitoneal solid and irregular neoplasia (C), extreme friability and spontaneous bleeding (D).

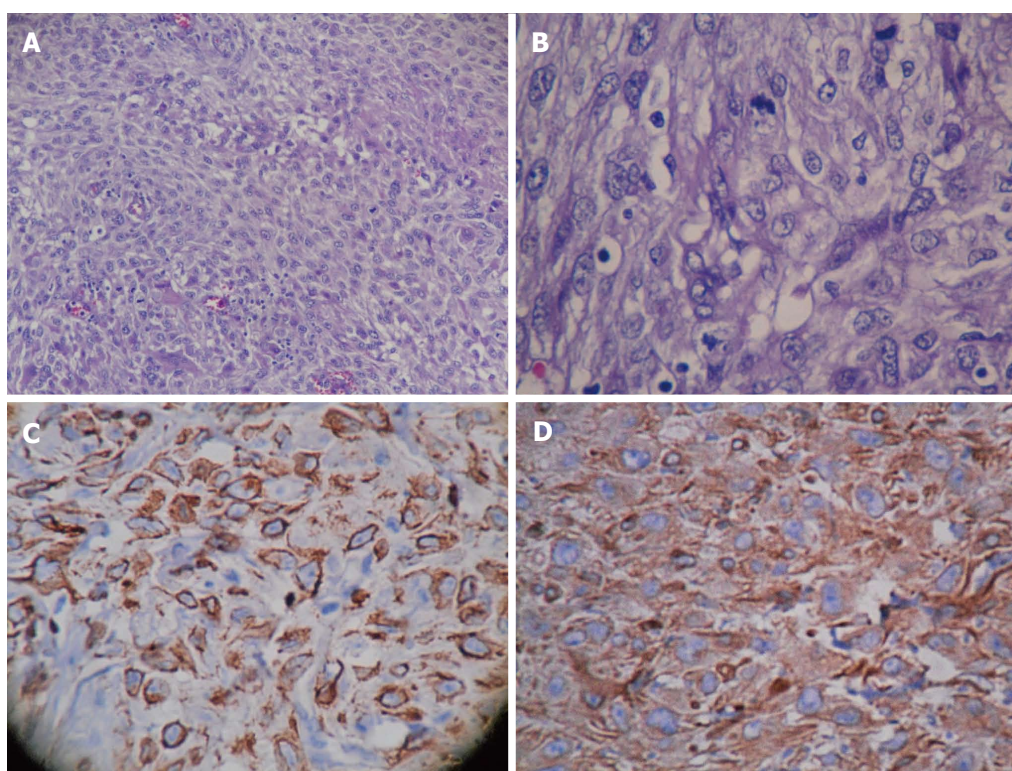


Figure 4 H and E with fusiform and giant pleomorphic cells, increased mitosis (A and B), positive staining for vimentin and cytokeratin respectively (C and D).

DISCUSSION

ES is a soft tissue malignant entity with a high recurrence

rate and mortality. Thus, the importance of reporting this case in order to increase awareness of this rare disease; since it seems only an early diagnosis with

definite surgical treatment can improve prognosis. In this particular case, endoscopy was helpful as the duodenal perforation allowed direct examination and prompt biopsy samples from the lesion. However, urgent surgical consultation was needed once the bowel perforation was found. In conclusion, ES is an infrequent variant of malignant sarcoma, with a very aggressive behavior, and which will only benefit with a prompt diagnosis and intensive multidisciplinary treatment.

COMMENTS

Case characteristics

A 65 years old Hispanic male with right upper quadrant abdominal pain and upper gastrointestinal bleeding characterized by intermittent melena.

Clinical diagnosis

Palpable right upper quadrant abdominal mass extending up to 4 cm below the costal margin.

Differential diagnosis

Primary neoplasm arising from a retroperitoneal structure (pancreas, adrenal glands, kidneys and duodenum), lymphoma.

Laboratory diagnosis

All labs were within normal limits except for chronic moderate anemia.

Imaging diagnosis

CT scan showed an infiltrative lesion in duodenum and gallbladder affecting the splenic, hepatic and mesenteric vascularity.

Endoscopy

Endoscopy showed a 2 cm opening from the posterior duodenal wall communicating with a solid retroperitoneal mass, irregular, indurated and extremely friable measuring more than 10 cm in diameter.

Pathological diagnosis

Retroperitoneal epithelioid sarcoma (ES) positive for cytokeratin and vimentin.

Treatment

Palliative surgery, a gastro-jejunal anastomosis.

Related reports

Epithelioid sarcoma is a malign entity with distal and proximal forms. The proximal form arising in the deep part of the pelvis, perineum and genital tract or retroperitoneum has been very rarely reported.

Term explanation

ES is a rare malignant mesenchymatous tumor more frequently found in young patients from 23 to 40 years old. Usually divided in proximal and distal presentation, with predominant topography on distal zones such as upper extremities, mainly fingers, hands and wrists. The proximal form originates in the deep part of the pelvis, perineum and genital tract. It presents large epithelioid carcinoma-like cells and has a more aggressive clinical course than the distal presentation.

Experiences and lessons

Retroperitoneal ES is an extremely rare pathology, the duodenal perforation allowed the passage of a videoendoscope providing a very unusual and direct endoscopic view of the neof ormation.

Peer-review

The authors describe a rare and an interesting case of ES.

REFERENCES

- 1 **Enzinger FM.** Epithelioid sarcoma: a sarcoma simulating a granuloma or a carcinoma. *Cancer* 1970; **26**: 1029-1041 [DOI: 10.1002/1097-0142(197011)26:5<1029::AID-CNCR2820260510>3.0.CO;2-R]
- 2 **Wolf PS, Flum DR, Tanas MR, Rubin BP, Mann GN.** Epithelioid sarcoma: the University of Washington experience. *Am J Surg* 2008; **196**: 407-412 [PMID: 18436180 DOI: 10.1016/j.amjsurg.2007.07.029]
- 3 **Han CH, Li X, Khanna N.** Epithelioid sarcoma of the vulva and its clinical implication: A case report and review of the literature. *Gynecol Oncol Rep* 2016; **15**: 31-33 [PMID: 26937486 DOI: 10.1016/j.gore.2016.01.001]
- 4 **Chbani L, Guillou L, Terrier P, Decouvelaere AV, Grégoire F, Terrier-Lacombe MJ, Ranchère D, Robin YM, Collin F, Fréneaux P, Coindre JM.** Epithelioid sarcoma: a clinicopathologic and immunohistochemical analysis of 106 cases from the French sarcoma group. *Am J Clin Pathol* 2009; **131**: 222-227 [PMID: 19141382 DOI: 10.1309/AJCPU98ABIPVJAIV]
- 5 **Kim HJ, Kim MH, Kwon J, Kim JY, Park K, Ro JY.** Proximal-type epithelioid sarcoma of the vulva with IN11 diagnostic utility. *Ann Diagn Pathol* 2012; **16**: 411-415 [PMID: 21724432 DOI: 10.1016/j.anndiagpath.2011.04.002]
- 6 **Deyrup AT, Weiss SW.** Grading of soft tissue sarcomas: the challenge of providing precise information in an imprecise world. *Histopathology* 2006; **48**: 42-50 [PMID: 16359536 DOI: 10.1111/j.1365-2559.2005.02288.x]
- 7 **Manzanares-Campillo MC, Mu-oz V, Sánchez Susana, Gil A, Jara A, Martín J.** Sarcoma epitelioid de tipo proximal en pubis. *Cir Cir* 2011; **79**: 560-563
- 8 **Ross HM, Lewis JJ, Woodruff JM, Brennan MF.** Epithelioid sarcoma: clinical behavior and prognostic factors of survival. *Ann Surg Oncol* 1997; **4**: 491-495 [PMID: 9309338 DOI: 10.1007/BF02303673]
- 9 **Herr MJ, Harmsen WS, Amadio PC, Scully SP.** Epithelioid sarcoma of the hand. *Clin Orthop Relat Res* 2005; **2005**: 193-200 [PMID: 15685075 DOI: 10.1097/01.blo.0000150317.50594.96]

P- Reviewer: Cui J, Ikeuchi N, Mais V, Vynios D, Zhu YL

S- Editor: Ji FF **L- Editor:** A **E- Editor:** Lu YJ





Published by **Baishideng Publishing Group Inc**
7901 Stoneridge Drive, Suite 501, Pleasanton, CA 94588, USA
Telephone: +1-925-223-8242
Fax: +1-925-223-8243
E-mail: bpgoffice@wjgnet.com
Help Desk: <http://www.f6publishing.com/helpdesk>
<http://www.wjgnet.com>

