Dyspnea: An Unusual Presentation of Esophageal Cancer

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A 51-year-old man presented to our emergency department with progressive dyspnea for several days. In addition, he had progressive dysphagia and body weight loss in recent three months. On arrival, his vital signs were as following; temperature of 36.9°C, pulse rate of 128/min, respiratory rate of 26/min, and blood pressure of 102/56 mmHg. His physical examinations were unremarkable. Chest radiography showed a mediastinal tumor (arrow) adjacent to the aortic arch (arrowhead) causing blurring of the left paratracheal stripe and indistinct stenosis of the lower trachea (Fig. 1). Computed tomography (CT) of chest and abdomen showed an esophageal tumor with tracheal invasion and enlarged mediastinal lymph node (Fig. 2). Bronchoscopic examination displayed a protruding

Fig. 1  Chest radiography showed a mediastinal tumor (arrow) adjacent to the aortic arch (arrowhead) causing blurring of the left paratracheal stripe and indistinct stenosis of the lower trachea
mass easily bleeding on touch over the lower trachea. Meanwhile, esophagogastroduodenoscopy displayed an esophageal tumor causing total obstruction of esophagus and the pathological examination confirmed the diagnosis of esophageal squamous cell carcinoma. Therefore, he received the implementation of jejunostomy tube for feeding and the insertion of tracheal stent to provide relief from airway obstruction by tumor. Only local radiotherapy was tried to manage esophageal cancer; however, the patient died three months later.

Dysphagia and weight loss are the most common clinical manifestations of esophageal cancer. In contrast, dyspnea is an uncommon symptom of patients with esophageal cancer. For most of the patients with dyspnea, chest radiography is the essential examination to investigate the cardiopulmonary abnormalities. In this case, chest radiography disclosed the mediastinal tumor with possible tracheal stenosis and led to further CT examination. Although our presentation is unusual for esophageal cancer, it suggests that physicians should comprehensively evaluate the radiography to find any possible trivial abnormalities, especially for patients with dyspnea.