



Leptomeningeal carcinomatosis: a rare complication in esophageal cancer

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Case report

A 54-year-old man with poorly differentiated adenocarcinoma of the esophagus presented with headaches and Jacksonian march starting in his right hand. Head CT showed gyriform hyperdensity within the left frontal lobe, which was initially interpreted as subarachnoid hemorrhage (Fig. 1A). Corresponding enhancement along the left frontal sulci was noted on subsequent MRI (Figs. 1B-D).

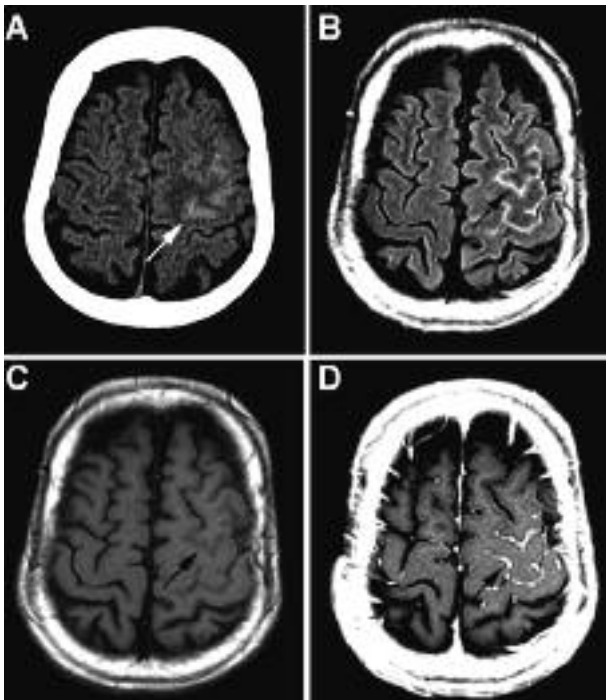


FIG. 1. — Non-contrast CT (A) and corresponding FLAIR (B), T1 (C), and postcontrast T1 (D) weighted MRI indicating gyriform lesion (arrows).

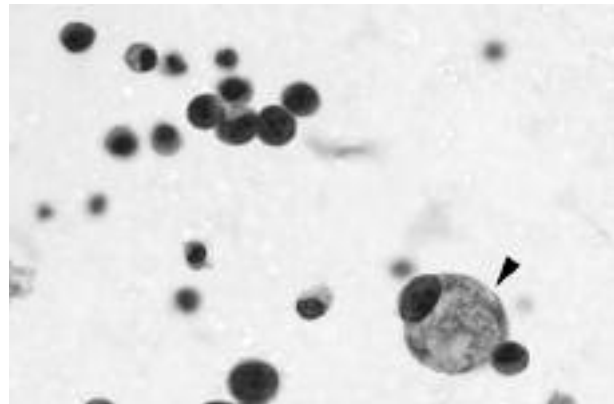


FIG. 2. — Papanicolaou-stained filter preparation of CSF (600× magnification) showing malignant cells, including one with a mucin vacuole (arrowhead).

CSF analysis demonstrated clusters and individual malignant cells with large mucin-containing vacuoles indicative of leptomeningeal carcinomatosis (LC, Fig. 2). LC is a very rare complication of esophageal carcinoma and can be misdiagnosed without a high index of suspicion (1).

REFERENCE

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