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Image

Dysphagia Secondary to Intraluminal Choriocarcinoma of the Gastroesophageal Junction

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A 21-year-old man with no medical history presented with a 4-week history of dysphagia. Esophagogastroduodenoscopy revealed a large, fungating mass of the gastroesophageal junction (a). Biopsy was initially read as a poorly differentiated esophageal squamous cell carcinoma. Computed tomography scans revealed multiple lung nodules, multiple liver lesions, and an intraluminal mass at the gastroesophageal junction. The blue arrow marks the large intraluminal choriocarcinoma tumor (b). Given the unusual presentation and young patient age, further biopsy stains with b-human chorionic gonadotropin (B-hCG) were performed. The biopsy was avidly positive for B-hCG shown as seen through staining of gastroesophageal junction neoplasm (200×) (c). Serum B-hCG was 187,740 mIU/mL (normal <5 mIU/mL). A testicular ultrasound showed no testicular mass. The patient was urgently started on a chemotherapy regimen of cisplatin and etoposide. He tolerated his first cycle of chemotherapy and was discharged to home 24 hours after the completion of the first cycle. Our patient's case is unique in that he had an intraluminal choriocarcinoma. Although the initial pathology result favored a poorly differentiated esophageal squamous cell cancer, his overall clinical presentation did not fit this diagnosis. Further testing yielded the correct diagnosis. Our case highlights the importance of multidisciplinary correspondence to achieve a correct diagnosis. (Informed consent was obtained from the patient to publish these images.)

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