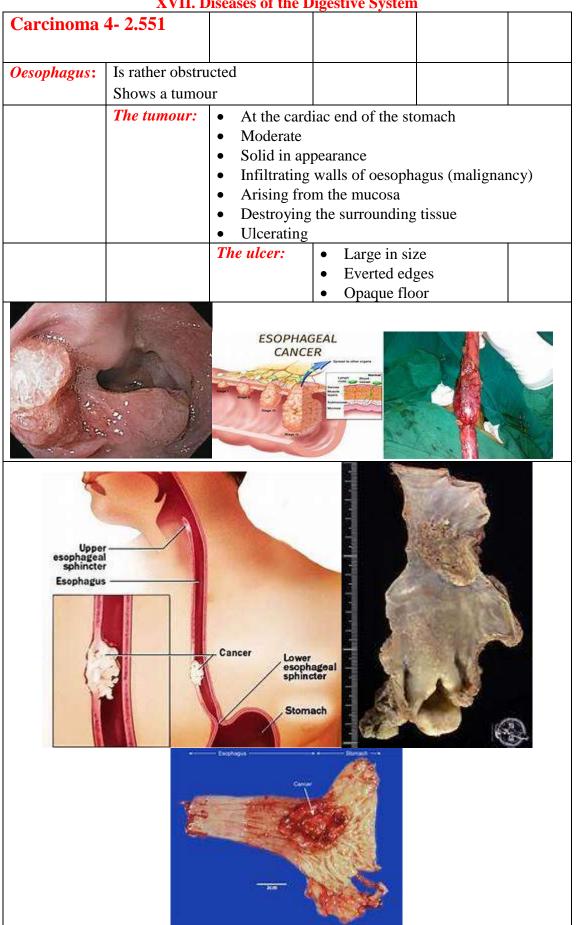
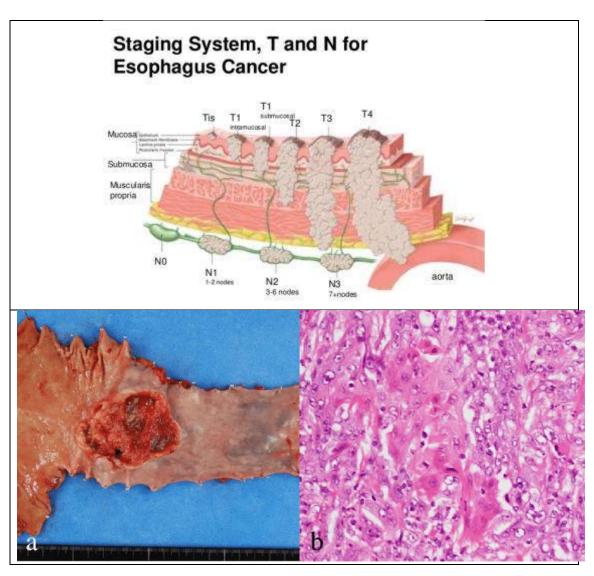
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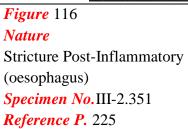




Figure 117
Nature
Carcinoma (oesophagus)
Specimen No.III-2.551
Reference P. 225

## **N.B.**:

- Common sites for carcinoma of oesophagus are:
  - (1) Middle third (at the level of crossing with the left bronchus).
  - (2) The cardiac end (lower part of oesophagus).
  - (3) At the upper part of the oesophagus.
- Carcinoma of the oesophagus is commoner in men than in women with the exception of that occurring at the upper part (at the post-cricoid region) which is rather common in women and may be preceded by the Plummer-Vinson syndrome (sideropenic dysphagia; that is, dysphagia, and glossitis and iron-deficiency anaemia).

## Gross types:

- 1. *Infiltrative* (which encircles the oesophagus  $\rightarrow$  stenosis).
- 2. *Ulcerative* (which has typical hard raised everted edges and a fixed base).
- 3. Papillary (cauliflower-like).

## This tumour has to be differentiated from:

- 1. Other tumours:
  - 1. Lipoma.
  - 2. Fibroma.
  - 3. Leiomyoma.
  - 4. Adenoma.
- 2. Other ulcers:
  - 1. Peptic.
  - 2. Corrosive.
  - 3. Traumatic.
  - 4. Inflammatory.

Stricture (cong	renital) III-2.811
Oesophagus	Is narrowed
	Occluded at the cardiac end (chiefly)
	No evidences of inflammation, trauma or tumour

## *N.B.*:

- The patient was a child who died from severe weakness and mal-nutrition.
- Congenital abnormalities of the oesophagus:
  - 1. Stenosis (atresia).
  - 2. Occlusion by a diaphragm of mucous membrane.
  - 3. Shortening.
  - 4. Fistula.

