

# Possible Diagnosis and Treatment of Esophageal Adenocarcinoma

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## Perspective

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### DESCRIPTION

Esophageal cancer is a type of cancer that develops in the oesophagus, which is the food pipe connecting the throat and the stomach. Weight loss and difficulty swallowing are frequent symptoms. A hoarse voice, enlarged lymph nodes (sometimes known as "glands") around the collarbone, dry cough, and maybe coughing up or vomiting blood are some additional symptoms that may be present. Esophageal Squamous-Cell Carcinoma (ESCC), which is more prevalent in poor countries, and Esophageal Adenocarcinoma (EAC), which is more prevalent in industrialised countries are the two primary sub-types of the disease.

The epithelial cells that lining the oesophagus are where squamous-cell cancer develops. The bottom portion of the oesophagus contains glandular cells, many of which have already undergone intestinal cell differentiation (a condition known as Barrett's oesophagus), from which adenocarcinoma develops. The squamous-cell type is brought on by using tobacco, drinking alcohol, drinking hot beverages, eating poorly, and chewing betel nuts. Acid reflux, obesity, and tobacco use are the three leading causes of the adenocarcinoma type. The majority of the time, prominent symptoms do not develop until the tumour has progressed to an advanced stage and has invaded over 60% of the circumference of the esophageal tube.

The physical presence of the tumour usually causes the tube to constrict, which then leads to the onset of symptoms. Usually, swallowing difficulties are the initial and most noticeable symptom, which are frequently felt first with solid foods and then with softer foods and liquids. Swallowing pain is initially less common. While it is less common in cases of adenocarcinoma, weight loss is frequently the first symptom of squamous-cell carcinoma.

## Research & Reviews: Medical and Clinical Oncology

Squamous-cell carcinoma and adenocarcinoma are the two main forms, and they each have their own unique set of risk factors. Smoking and alcohol use are risk factors for squamous-cell carcinoma. The effects of chronic acid reflux have been connected to adenocarcinoma. Both categories are at risk due to tobacco use.

People over 60 years old are more likely to experience both sorts. Alcohol use and tobacco use are the two main risk factors for esophageal squamous-cell cancer. Smoking and drinking together have a potent synergistic effect. According to some estimates, alcohol and tobacco use account for roughly one-third of all instances, whereas severe drinking and smoking account for more than three-quarters of cases in men. This specific kind of esophageal cancer, which affects males roughly 7 to 10 times more often than women, has a strong male predominance. This imbalance may be influenced by the traits and interactions of additional established risk factors, such as obesity and acid reflux. Due to field cancerization, head and neck cancer is linked to second primary tumours in the area, including esophageal squamous-cell carcinomas.

Head and neck cancer is connected to second primary tumours in the region, such as esophageal squamous-cell carcinomas, as a result of field cancerization. Although an occlusive tumour may be detected after a barium swallow or barium meal, an endoscopic examination is the most accurate way to make the diagnosis. This procedure, known as an esophagogastroduodenoscopy, entails inserting a flexible tube with a light and camera down the oesophagus and inspecting the wall. Biopsies obtained from worrisome spots are then histologically analysed for indications of cancer.

Esophageal malignancies are generally carcinomas that develop from the esophagus's epithelium, or outer lining. Esophageal Squamous-Cell Carcinomas (ESCC), which resemble head and neck cancer in appearance and are frequently linked to tobacco and alcohol use, and Esophageal Adenocarcinomas (EAC), which are frequently linked to a history of GERD and Barrett's oesophagus, make up the majority of esophageal cancers. According to a general rule, ESCC is more likely to be present in the upper two thirds of the body than EAC is in the lower one-third.