

Gastrointestinal and Liver Pathology at Rush

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Case of the Month Question – October 2009

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A 76 y/o Caucasian male with a longstanding history of hypertension and gastroesophageal reflux disease (GERD) presents to the emergency room with hematemesis for the past 3 days and progressive dysphagia for the past 5 months. Vital signs: T – 98.5 °F, BP – 154/90, P – 106, RR – 24, and O₂ sat – 97%. An esophagogastroduodenoscopy (EGD) and biopsy confirmed the presence of a malignant neoplastic mass at the gastro-esophageal (GE) junction. An esophagectomy was subsequently performed (Fig. 1).



Fig. 1