The expected pattern of spread in metastatic esophageal squamous cell carcinoma involves the upper torso and thorax. This article presents an unusual instance of an isolated osseous metastasis of esophageal squamous cell carcinoma to the distal bone of the left ankle and describes the contributions of advanced practice nursing assessment and clinical judgment to improve patient outcomes. This case study also highlights comprehensive cancer care by an interprofessional palliative care team.

AT A GLANCE

- It is important to be aware of typical patterns of metastases but also to maintain a high index of suspicion for unusual sites of metastatic spread.
- Accurate and timely assessments by advanced practice nurses are essential to appropriate clinical conclusions and disease management.
- Early and ongoing involvement of a palliative care team promotes patient autonomy, goals-of-care discussions, and advocacy for patient wishes.

KEYWORDS
metastatic esophageal squamous cell carcinoma; metastasis; palliative care

DIGITAL OBJECT IDENTIFIER
10.1188/20.CJON.352-355

Esophageal Cancer

A case study of a rare metastatic esophageal squamous cell carcinoma

Grace Cullen, DNP, FNP-BC, AOCNP®, ACHPN, RN-BC

Esophageal cancer is the eighth most common cancer in the world, causing about 400,000 deaths annually (Hong et al., 2019). According to the American Cancer Society's 2020 estimates, about 18,440 new cases of esophageal cancer will be diagnosed this year, and there will be about 16,170 deaths resulting from esophageal cancer in the United States. Only 20% of those diagnosed with esophageal cancer are expected to live more than five years (American Cancer Society, 2020). The two major histologic subtypes of esophageal carcinoma are squamous cell carcinoma and adenocarcinoma.

This article features a case study of esophageal squamous cell carcinoma. In the United States, esophageal squamous cell carcinoma is more common in men than women, with an occurrence ratio of 4 to 1 (Abnet et al., 2018). This higher incidence in men is likely influenced by risk factors associated with esophageal squamous cell carcinoma, including cigarette smoking and alcohol consumption, both of which are more prevalent among men (Chen et al., 2015). Other risk factors associated with esophageal squamous cell carcinoma are thermal injury to the esophageal mucosa from hot foods and esophageal achalasia (Abnet et al., 2018).

Because the esophagus is highly muscular and capable of expansion, early warning signs of growing tumors may be unrecognized until disease becomes locally advanced or even metastatic (Smyth et al., 2017). Symptoms may include dysphagia, odynophagia, unintentional weight loss, coughing, hoarseness, hematemesis, melena, fatigue, palpable lymphadenopathy, and hepatomegaly (Alsop & Sharma, 2016; Batra et al., 2019). Endoscopic visualization of the esophagus is used for evaluation of lesion presence, location, and length, as well as to describe circumferential involvement and the presence of an obstructing lesion (Smyth et al., 2017). Biopsy is necessary for the diagnosis and histologic classification of cancers, including immunohistochemistry staining to assess for HER2-positive disease (Smyth et al., 2017). Endoscopic ultrasound–guided fine needle biopsy may be useful for lesions that are small or inaccessible percutaneously because of surrounding vascular or vital structures (Chotiprasidhi & Scheiman, 2005).

Esophageal cancer staging is completed using a combination of clinical, tissue pathology, and radiographic methods (Alsop & Sharma, 2016; Smyth et al., 2017) and may be completed after neoadjuvant treatment. Computed tomography (CT), positron-emission tomography (PET), PET-CT, and endoscopic ultrasound are used for esophageal squamous cell carcinoma staging. Malnutrition, weight loss, and poor intake are often present in patients with esophageal cancer and are negatively correlated with performance status (Quyen et al., 2017). Treatment recommendations differ based on extent of disease (see Figure 1) and performance status (Smyth et al., 2017). Among patients