The Importance of Endoscopic Surveillance in High-Risk Achalasia Patients: A Case of Mid-Esophageal SCC

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Introduction

- Achalasia carries a markedly increased risk of esophageal squamous cell carcinoma.
- Symptom relief after POEM does not eliminate malignant potential.
- Surveillance guidelines after POEM remain undefined.
- We present a case of mid-esophageal squamous cell carcinoma diagnosed six years after index POEM in a patient with long standing achalasia who had no interval surveillance.

Case Presentation

Patient History

- 66 year old male with achalasia diagnosed at age 17 presented with several week history of
  - progressive dysphagia,
  - post-prandial fullness,
  - regurgitation,
  - 30-lb unintentional weight loss

- Prior treatment included multiple esophageal dilations and POEM in 2018 (6 years ago) with sustained symptom control
- His last endoscopy was in 2018 post-operatively
- He did not undergo further surveillance endoscopy

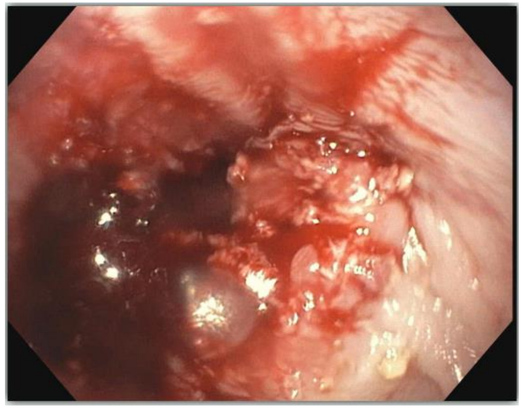
- Risk factors include
  - Long disease duration
  - Male sex
  - Smoking history

Category	Finding
Age	66 years
Achalasia duration	49 years
Prior therapy	Dilations + POEM
Surveillance	None
Tumor	Mid-esophageal SCC
Stage	ypT3N0
Treatment	CROSS + esophagectomy + nivolumab

Workup

EGD

Friable, circumferential mass in the mid-esophagus, 26cm from incisors.

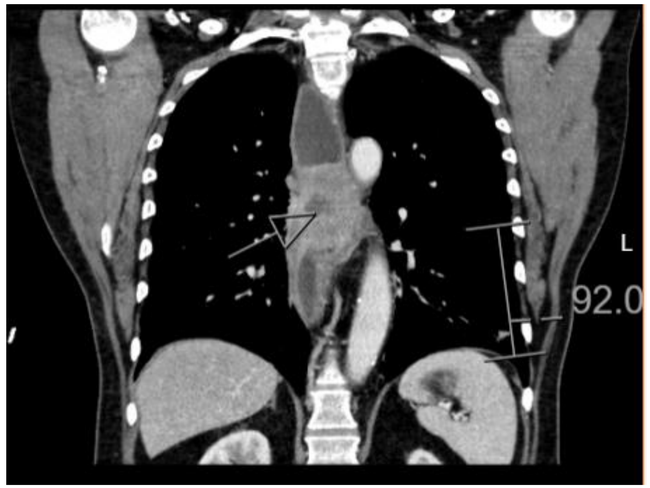


Biopsy

Invasive squamous cell carcinoma

Staging CT

5.2 x 4.6 x 2.1 cm mid-esophageal mass with adjacent lymphadenopathy.
No distant metastases



Management

- Neoadjuvant chemoradiation using the CROSS protocol
- Followed by three-hole esophagectomy
- Final pathology demonstrated ypT3N0 SCC with negative margins
- Adjuvant nivolumab initiated for one year

Post-operative Course

- Notable for persistent dysphagia
- Underwent 3 anastomotic dilations over 3 months
- Surveillance PET-CT demonstrated no evidence of recurrent or metastatic disease
- Doing clinically well on follow up

Discussion

- Achalasia-associated esophageal cancer is driven by chronic stasis, inflammation, and epithelial dysplasia.
- Achalasia increases SCC risk up to 16-28x
- Symptom resolution after POEM may mask ongoing malignant transformation.
- Absence of surveillance delays diagnosis
- Current guidelines do not define surveillance intervals following POEM.
- This case highlights the need for structured endoscopic surveillance in high-risk achalasia patients to enable earlier cancer detection and improved outcomes

Clinical Implications

- ✓ Long-standing achalasia remains a premalignant condition despite POEM.
- ✓ Symptom improvement ≠ oncologic protection.
- ✓ New dysphagia after POEM warrants urgent endoscopy.
- ✓ High-risk patients may benefit from ongoing endoscopic follow-up.

References

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