



## Clinical Diagnosis and Treatment of Esophageal Cancer

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### DESCRIPTION

The oesophagus is a muscular tube that connects the pharynx (throat) to the stomach. The oesophagus is approximately 8 inches long and bordered by moist pink tissue known as mucosa. The oesophagus is located behind the windpipe (trachea) and in front of the spine. The oesophagus facilitates the transfer of food from the back of the throat to the stomach for digestion. The cells that lining the interior of the oesophagus is where esophageal cancer typically starts. Anywhere along the oesophagus is susceptible to esophageal cancer. Esophageal cancer strikes more men than women. The sixth most frequent cause of cancer-related fatalities globally is esophageal cancer. Varying geographic regions have different incidence rates. Esophageal cancer rates in some areas may be increased by the use of tobacco, alcohol, certain dietary habits, and obesity.

### CLINICAL DIAGNOSIS OF ESOPHAGEAL CANCER

Because esophageal cancer is frequently not discovered until it has progressed, accuracy in the diagnostic and staging procedure is extremely important for the best prognosis. The first healthcare professional to spot the warning indications of esophageal cancer may be a gastroenterologist, a physician who focuses on digestive system illnesses. It's crucial to get treatment as soon as possible, while the cancer is still curable, if you encounter any esophageal cancer symptoms. There are various tests available to identify esophageal cancer. The most common tests are:

#### Endoscopy with biopsy

The most common test a doctor will carry out to check for esophageal cancer is an esophagogastroduodenoscopy, or EGD. A doctor collects tissue samples from abnormal areas using an endoscope (a flexible tube with an attached camera that allows doctor to see inside the body) this is also called a biopsy.

#### Endoscopic ultrasonography

An endoscopic ultrasonography may be prescribed by the doctor if the biopsy results indicate malignancy. One of the most

effective imaging techniques for esophageal cancer detection is this one.

#### PET scan

If the cancer has migrated outside of the oesophagus, it can be detected using a PET scan, also known as positron emission tomography technology. During a PET scan, radioactive dye is used to highlight specific body sections so a doctor can spot any potential malignant areas and treat.

### TREATMENT OF ESOPHAGEAL CANCER

#### Surgery

The majority of esophageal cancer treatment regimens use a combined approach, in which patient receive a combination of radiation, chemotherapy, or surgical treatments rather than just one kind of care. Serious consequences following esophageal cancer surgery include infection, haemorrhage, and leakage from the region where the surviving oesophagus is reattached to the stomach. The removal of the oesophagus can be done openly by multiple big incisions or through a series of tiny skin incisions using specialised surgical instruments. How surgery is carried out relies on unique situation and the specific management strategy adopted by the physician.

#### Chemotherapy

Chemotherapy uses drugs to either eradicate or slow the growth of cancer cells. Some chemotherapy medications are administered orally, while others are injected into a vein (intravenous). Drugs used in chemotherapy can kill cells all over the body as they circulate through the bloodstream. Before surgery for esophageal cancer, chemotherapy is occasionally administered to help the tumour shrink. Before surgery to reduce the tumour, before palliative treatment to control symptoms, or in conjunction with radiation.

#### Endoscopic laser therapy

This could be used to treat more complicated cancers that could

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obstruct the oesophagus. In order to enhance swallowing and enable the patient to eat, a hole can be made in the obstruction using lasers as part of palliative therapy.

## CONCLUSION

Clinically difficult and requiring a multidisciplinary approach, esophageal cancer. Even after extensive treatment, the prognosis may still be poor because of a significant loss in health-related

quality of life. Prognosis has gradually improved in many nations in recent decades. The use of endoscopic methods in the treatment of early and premalignant esophageal tumours has increased. In addition to surgery, chemotherapy or chemo radiotherapy has been used as neo-adjuvant therapy for locally advanced esophageal cancer. The surgical process is now more standardised and centralised. There are numerous therapeutic options for palliative care.