

Azygos Vein thrombosis associated with Metastatic Adenocarcinoma of the Oesophagus at young age

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Abstract

Presentation

A 44-year-old male presents with history of flushing of face, haemoptysis, pain between the shoulder blades, and indigestion.

Diagnosis

Azygos vein thrombosis with metastatic adenocarcinoma of the oesophagus.

Treatment

Lower molecular weight heparin, and referral to upper GI surgeon and haematologist.

Discussion

Azygos vein thrombosis is a rare condition which is associated with adenocarcinoma of the oesophagus like other malignancies. In order to prevent or timely diagnose oesophageal malignancy, all patients with long standing indigestion should have OGD on time.

Presentation

A 44-year-old man presented in the Medical Assessment Unit with history of flushing of face for the last 2 days, an episode of haemoptysis about 5 days before presentation, pain between the shoulder blades for 2 weeks, and indigestion and sensation of sticking of food in the epigastrium for the last 2 years for which he had been taking over-the-counter antacids. He denied any shortness of breath, fever, weight loss, swelling or pains in the legs.

He was recently discharged from the hospital few months back with the diagnosis of SIADH and pyrexia of unknown origin (PUO). He smoked 20 cigarettes a day and consumed 40-50 units of alcohol a week.

On arrival, he was vitally stable with BP 137/95 mmHg, HR 104/min, Temp 36.5C. His systemic examination was grossly unremarkable. Considering his Wells score for PE of 2.5, his D-dimers were requested along with the baseline investigations.

Diagnosis

His FBC, LFTs, and renal functions were normal. However, his U&Es showed hyponatremia with Na 128 mmol/l. His random urinary sodium was 55mmol/l, urinary osmolality of 267mmol/l and serum osmolality of 265.7mmol/l which depicted SIADH as previously diagnosed. His D-dimers were raised (872 ng/ml), therefore, his CTPA was requested which showed a tumour in the lower oesophagus with metastasis to lungs along with azygos vein thrombosis. His OGD confirmed malignant appearing oesophageal tumour which turned out to be the poorly differentiated oesophageal malignancy when biopsied.

The final diagnosis of metastatic oesophageal malignancy with azygos vein thrombosis was made.

Treatment

He was commenced on lower molecular weight heparin. The cardiothoracic and the haematology teams were contacted in regards to further management of azygos vein thrombosis who advised to treat it conservatively without any intervention.

He was urgently referred to the upper GI cancer team, and the haematologist for further management on discharge.

Discussion

Azygos vein thrombosis is associated with squamous cell carcinoma of the oesophagus but no case has so far been reported which could show its association with adenocarcinoma of the oesophagus 1,2. Although we know that malignancy itself is a hypercoagulable state 3, but there can still be the possibility that the thrombosis of the azygos vein in this case report could be due to the compression from the oesophageal mass as the azygos vein lies posterior to the oesophagus at the level of T10 4.

Malignancy is one of the causes for SIADH 5. As no cause for SIADH was found on previous admission, his oesophageal malignancy diagnosed this time can explain it. Moreover, it can explain his symptoms of intermittent fever which was labelled as PUO in his last admission.

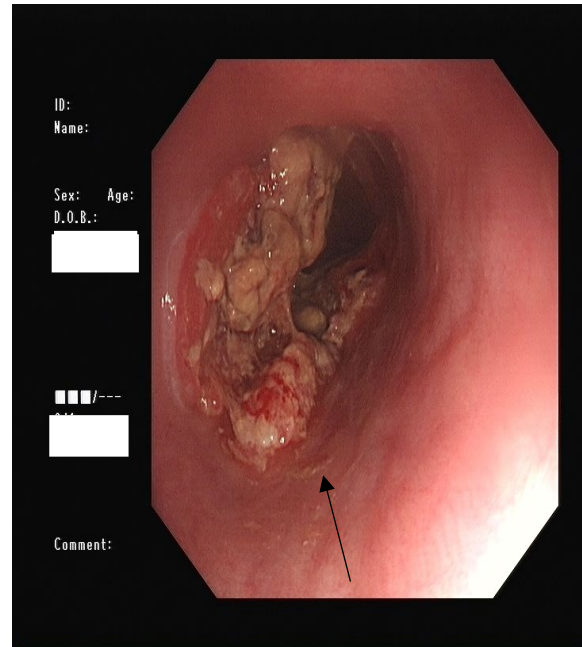
Indigestion can cause Barrettes oesophagus which can further lead to adenocarcinoma of the oesophagus 6. According to the history of our patient, it is quite possible that he might have been suffering with the Barrettes oesophagus at some stage which might have ended up with the metastatic poorly differentiated adenocarcinoma of the oesophagus. Therefore all patients with persistent indigestion should undergo endoscopic evaluation for proper diagnosis and management of the underlying condition.

To conclude, azygos vein thrombosis can also occur in patients with adenocarcinoma of the oesophagus. Moreover, all patients with SIADH should be fully investigated for the underlying cause including malignancy before being discharged. Lastly, patients whose symptoms of

indigestion do not improve with antacids or the PPIs should undergo OGD for proper diagnosis and management.



CTPA showing azygos vein thrombosis (red arrow).



Poorly differentiated adenocarcinoma of the Oesophagus (Black arrow).

Declaration of Conflict of interest:

None declared.

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