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Esophageal actinomycosis mimicking a carcinoma

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A 75-year-old male was referred due to dysphagia and iron-deficiency anemia. An upper endoscopy was performed which revealed a friable mass (Fig. 1A) at 30 to 37 cm from the incisors, consistent with esophageal malignancy. However, the pathology only demonstrated granulation inflammatory tissue. An endoscopic ultrasound exam (Fig. 1B) showed a 2-3 cm esophageal wall thickening with a 1.5 cm lymph node, which was staged as a T2-3 N1 esophageal tumor. A CT-scan also identified a 7.5 cm esophageal malignancy surrounded by several large pathological lymph nodes (Fig. 1C). The case was discussed by the multidisciplinary cancer committee and a new gastroscopy was proposed. An infectious diagnosis was made after several more biopsies and a careful examination. The new specimen had prominent reactive changes in the squamous epithelial cells (Fig. 2A) along with numerous coco-bacillar PAS positive, Gram positive bacteria (Fig. 2B, red arrow) that stained with Grocott silver (Fig. 2C, red arrow), which was consistent with *Actinomyces* (Fig. 2D). Subsequently, the patient started on amoxicillin 500 mg three times a day for six months, improving clinically.

DISCUSSION

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Esophageal actinomycosis is a rare and chronic disease (1) and is mainly reported in immunocompromised patients (2). Unlike our patient, with an esophageal mass, the most common endoscopic findings include mucosal ulcers and whitish plaques (1). The diagnosis was made via a histological specimen (3). The treatment relies on penicillin for long periods of time (6-12 months).

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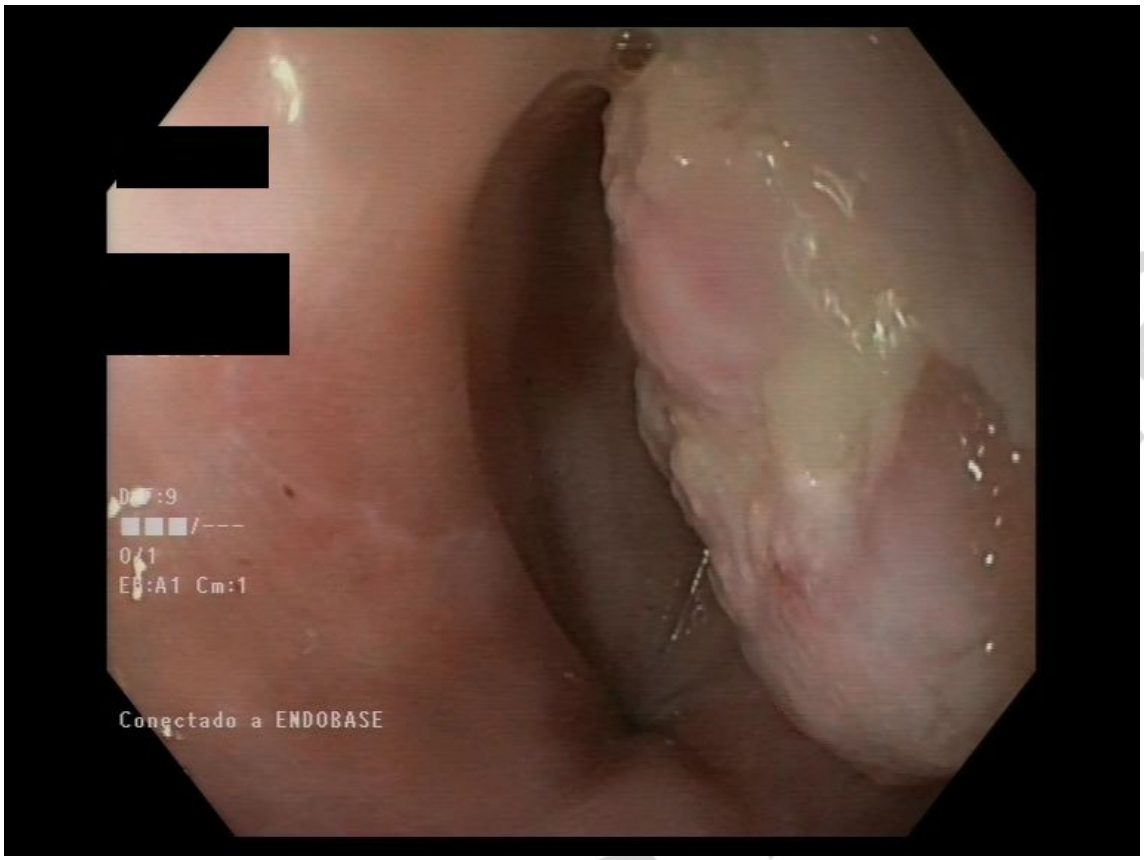

Fig. 1. Upper endoscopy image revealing a friable mass.

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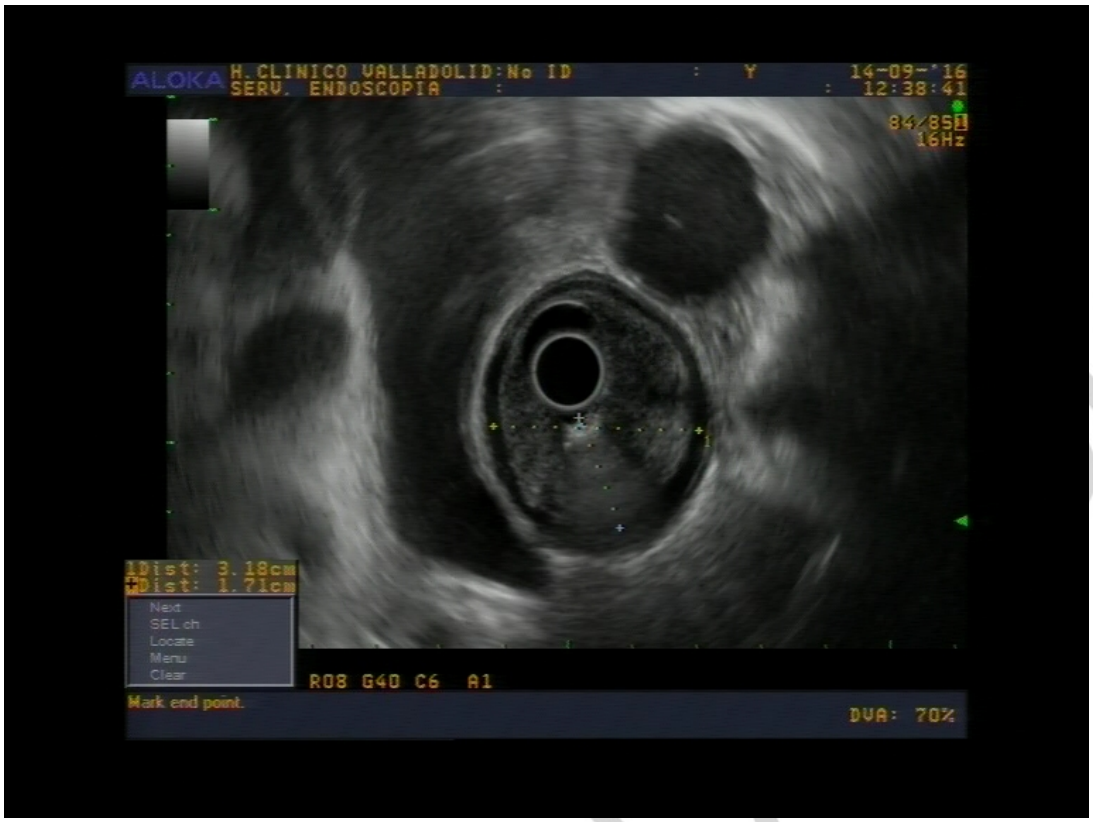

Fig. 2. Endoscopic ultrasound image.

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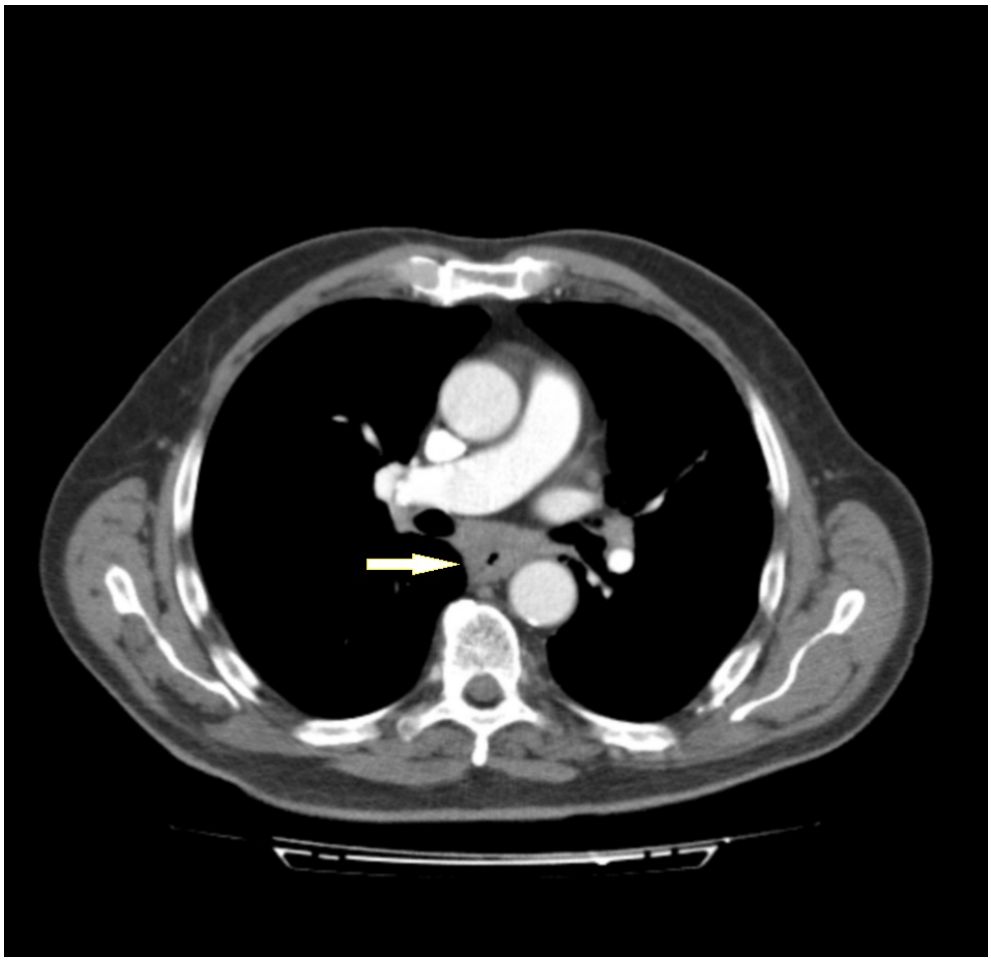

Fig. 3. CT image.

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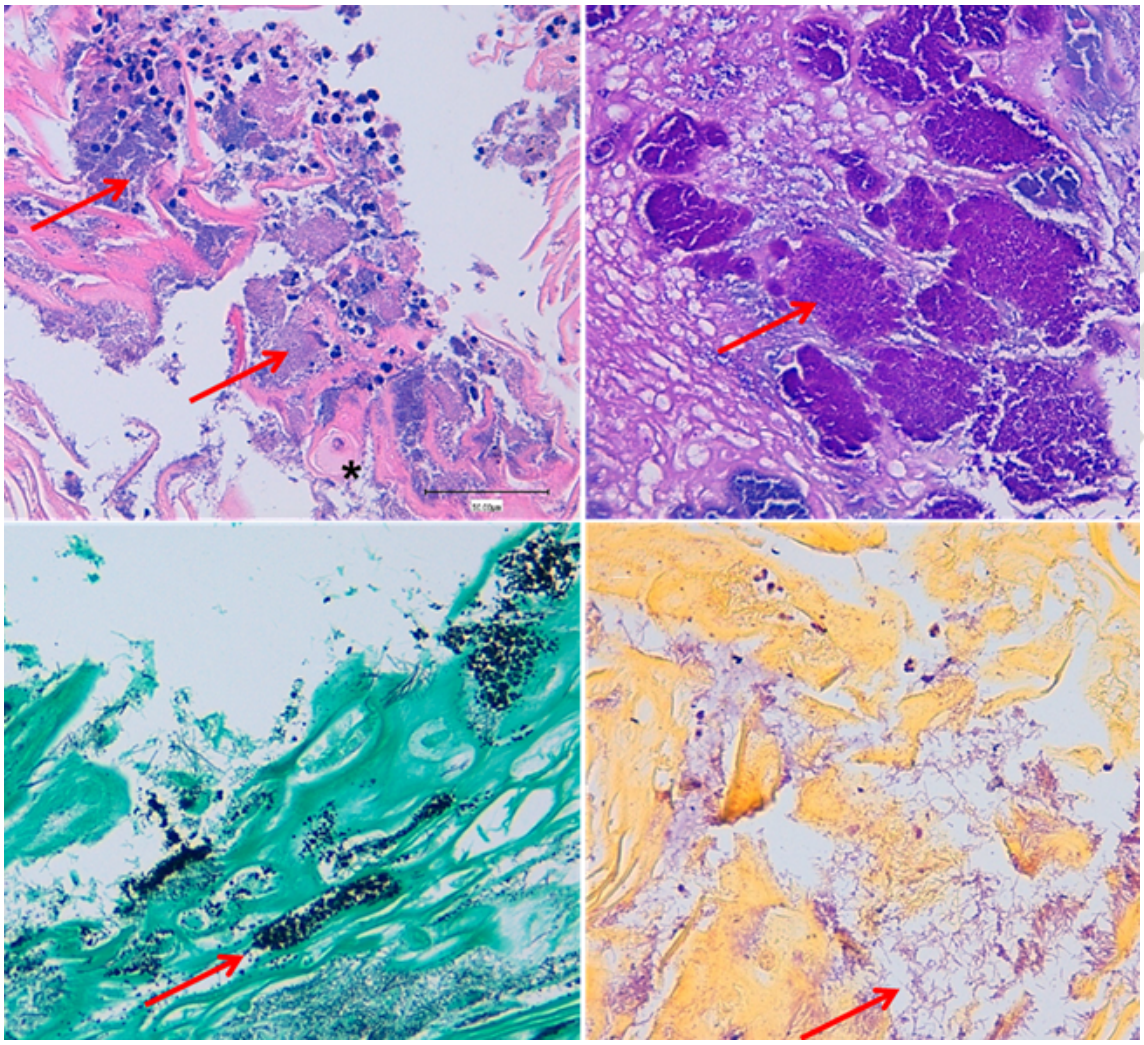

Fig. 4. Histological image.