v. 5, n. 6, 2025

International Journal of Health Science

CASE REPORT - CLAUDE-BERNARD-HORNER SYNDROME ASSOCIATED WITH ESOPHAGEAL CARCINOMA

Acceptance date: 17/01/2025

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INTRODUCTION

Esophageal squamous cell carcinoma is a malignant neoplasm that originates in the esophageal epithelium and is one of the most aggressive and lethal forms of digestive cancer. It is often diagnosed late due to the absence of specific symptoms in the early stages. For example, dysphagia, the main symptom, only appears when the carcinoma has compromised two thirds of the organ's lumen. Its progression can lead to various complications, including the development of a megaesophagus and Claude-Bernard-Horner Syndrome, as occurred in the patient in this case report. The relationship between these pathologies demonstrates the complexity of the case and the need for a multidisciplinary approach in the treatment of such patients.

CASE REPORT

A 39-year-old male patient was evaluated for suspected megaesophagus. Chest computed tomography showed a marked esophageal ectasia extending through the right hemithorax with a large volume of impacted debris and parietal calcifications, as well as an expansive right paravertebral formation at the apex of the right hemithorax at the D1/D2 level, causing partial destruction of the vertebral body and homolateral posterior arch elements. The anatomopathological examination confirmed the diagnosis of moderately differentiated squamous cell carcinoma of the esophagus. Clinical examination revealed the presence of Claude-Bernard-Horner syndrome. Treatment was then proposed with radiotherapy, in order to reduce the lesions caused by metastasis, and chemotherapy, with the aim of relieving symptoms, controlling the growth of the neoplasm and preventing it from spreading to other parts of the body, as well as improving the patient's quality of life and prolonging survival.

DISCUSSION

Esophageal carcinoma is a disease with significant morbidity and mortality, presenting complex challenges in terms of diagnosis and treatment. The disease is often detected in advanced stages, which contributes to a generally poor prognosis. Megaesophagus, described as severe enlargement and loss of motor function of the esophagus, is frequently found in patients with this type of neoplasm. The association between Claude-Bernard-Horner Syndrome and esophageal carcinoma is rare, but clinically significant due to the prognostic and therapeutic implications. This neurological condition occurs due to an interruption of the sympathetic pathway that innervates the eye and part of the face, suggesting locally advanced disease and generating signs such as eyelid ptosis, miosis and anhidrosis in the patient.

CONCLUSION

The uniqueness of this case lies in the unusual combination of an aggressive esophageal cancer with a neurological clinical condition, demanding an integrated and approach adapted to the patient's needs individual needs of the patient and highlighting the diagnostic and therapeutic complexity of this case. Accurate diagnosis combined with multidisciplinary treatment are fundamental to managing both the carcinoma and the associated neurological symptoms. Therapeutic strategies include chemotherapy, radiotherapy and surgery to resect the tumor and/or regional lymph nodes according to the progression of the disease. In addition, symptomatic treatments can be implemented to improve the patient's quality of life.

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