Intractable Hiccups, a Rare Primary Presentation of Oesophageal Cancer

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A R T I C L E  I N F O

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CLINICAL IMAGE

A previously well 48 year old man presented with intractable hiccups for six weeks. Examination revealed hepatomegaly and an epigastric mass. CT scan showed an oesophageal tumour and liver metastasis (Figures 1-3). He was referred to a hospice for palliation and died seven weeks later.

Dysphagia and weight loss are the commonest presentations of oesophageal cancer. Although hiccups is a rare primary presentation, this case reminds physicians that intractable hiccups could be due to severe pathology. All patients with hiccups for more than 24 hours should have investigations to find the cause.

Image 1: Shows thick walls of the distal oesophagus due to a 25 cm long oesophageal tumour.

The tumour extends into oesophago-gastric junction infiltrating the cardio. The small white pointer shows the narrowed oesophageal lumen.

Figure 1: CT Scan coronal views of the chest and abdomen

Oesophageal cancer often presents late with a poor outcome. Every opportunity should be taken for early detection, aggressive evaluation, and timely specialist referral. Flexible endoscopy with biopsy is the primary method for diagnosis of oesophageal cancer. CT chest and abdomen is an optional test for staging of early-stage oesophageal cancer. Treatment modalities include surgery, chemotherapy, radiation therapy, or a combination...
of modalities. Prevention strategies include eradication of H-pylori, smoking and alcohol cessation.

Image 2. CT Scan sagittal views of the chest and abdomen shows thick walls of the distal oesophagus due to oesophageal tumour.

In this view, the gastric inlet is narrowed due to the tumour infiltrating into oesophago-gastric junction

Figure 3: CT Scan of the abdomen transverse view. This view shows gross hepatomegaly with multiple liver metastasis.

This view shows thickening of the oesophageal wall and narrowing of the lumen due to the tumour.

Figure 4: CT Scan of the chest transverse view.