

Intractable Hiccups, a Rare Primary Presentation of Oesophageal Cancer

Nik Mbakada^{1*} and Darren Yap²

¹Registrar in Emergency Medicine; Emergency Department, Royal Blackburn Hospital, United Kingdom

²Specialist Registrar Department of Otolaryngology, Royal Berkshire Hospital, United Kingdom

ARTICLE INFO

Article history:

Received: 12 December 2017

Accepted: 14 December 2017

Published: 15 December 2017

Copyright: © 2017 Mbakada N et al., J Case Rep Clin Med

This is an open access article distributed under the Creative Commons Attribution license, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Citation this article: Mbakada N, Yap D. Intractable Hiccups, a Rare Primary Presentation of Oesophageal Cancer. J Case Rep Clin Med. 2017; 1(1):115.

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.

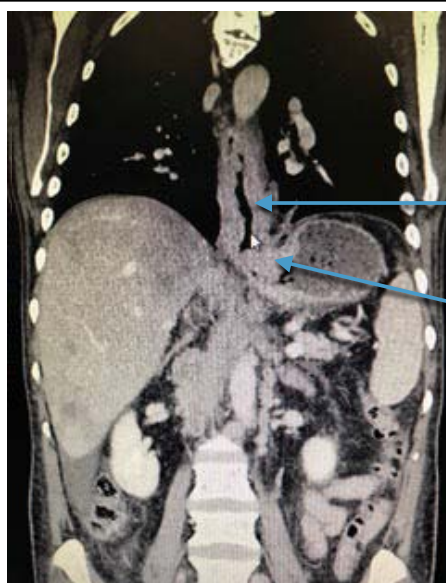


Image 1: Shows thick walls of the distal oesophagus due to a 25cm long oesophageal tumour.

The tumour extends into oesophago-gastric junction infiltrating the cardia. 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

Correspondence:

Dr. Nik Mbakada

Registrar in Emergency Medicine;
Emergency Department, Royal
Blackburn Hospital, Haslingden Rd,
Blackburn, BB2 3HH, United
Kingdom, Email:
nikmbakada@doctors.org.uk

of modalities. Prevention strategies include eradication of h-pylori, smoking and alcohol cessation.

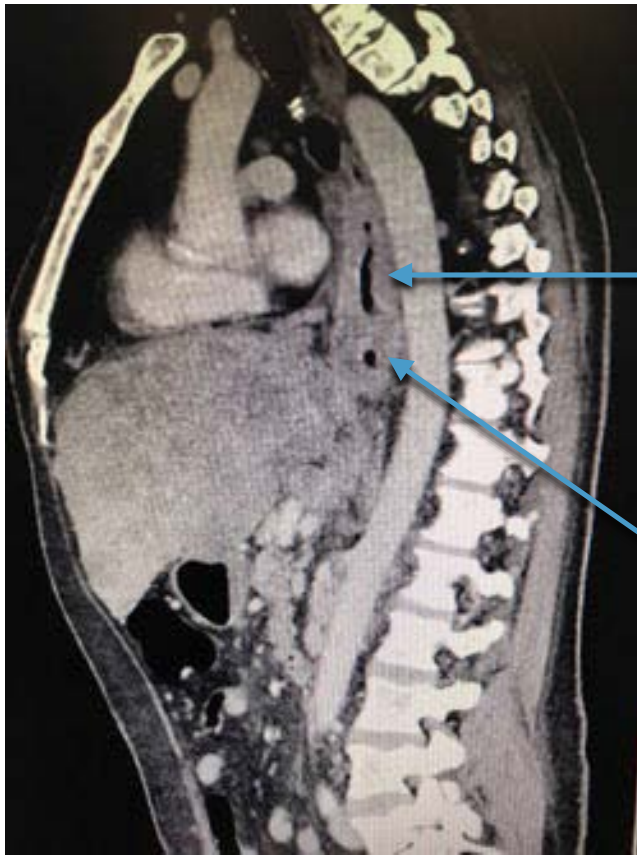


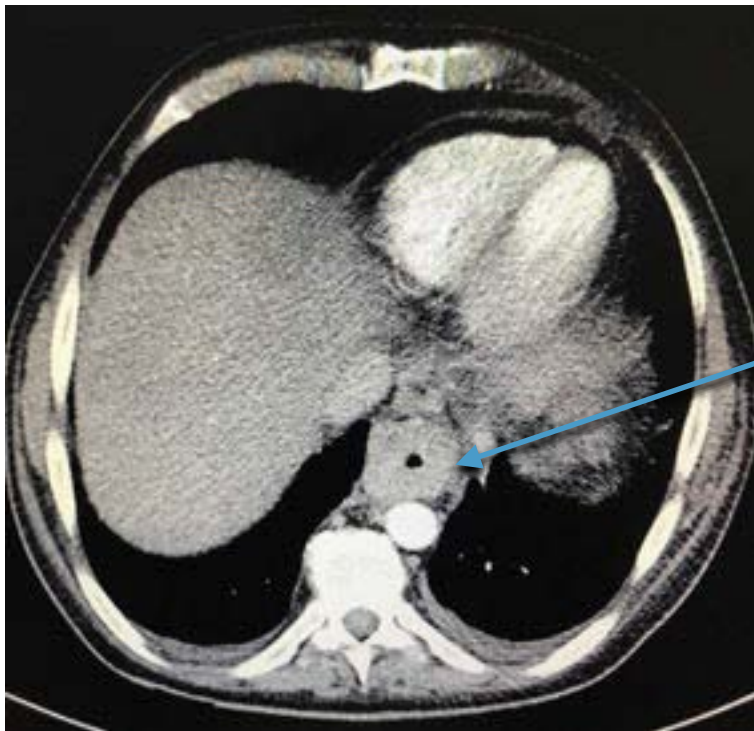
Image 2. CT Scan sagittal views of the chest and abdomen shows thick walls of the distal oesophagus due to oesophageal tumour.

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

Figure 2: CT scan sagittal views of chest and abdomen.



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.