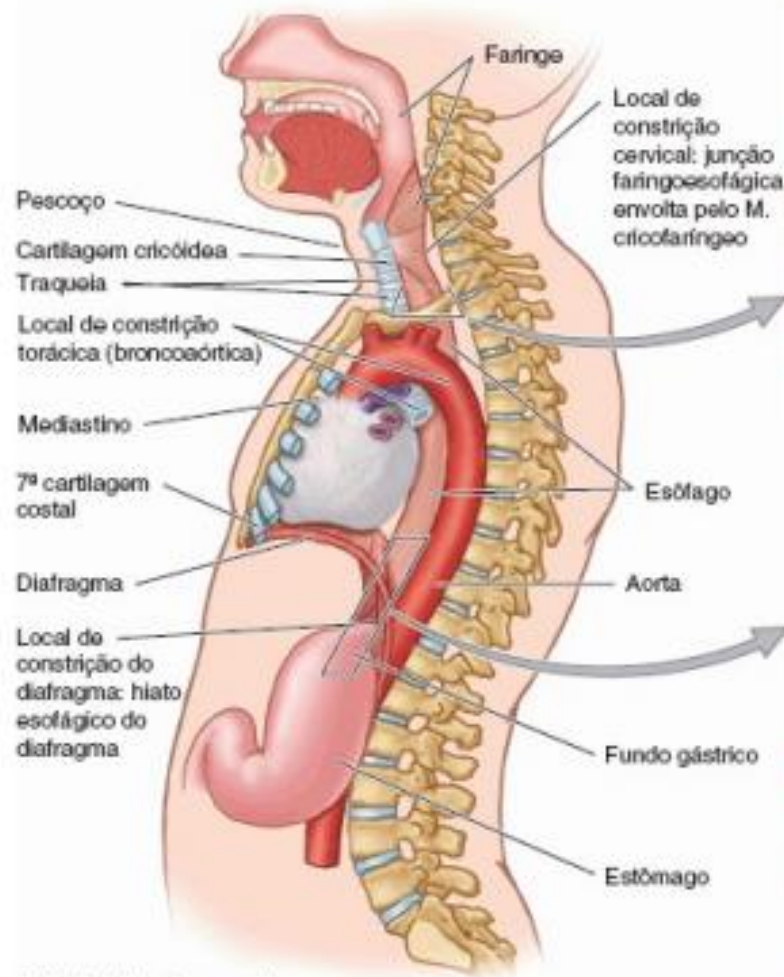
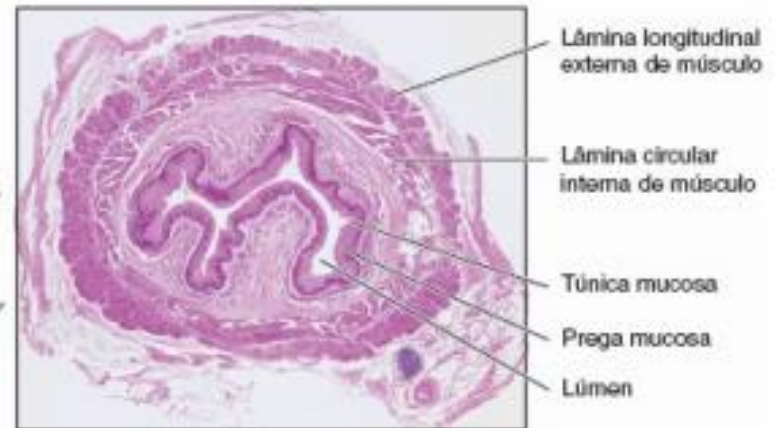


Câncer de Esôfago

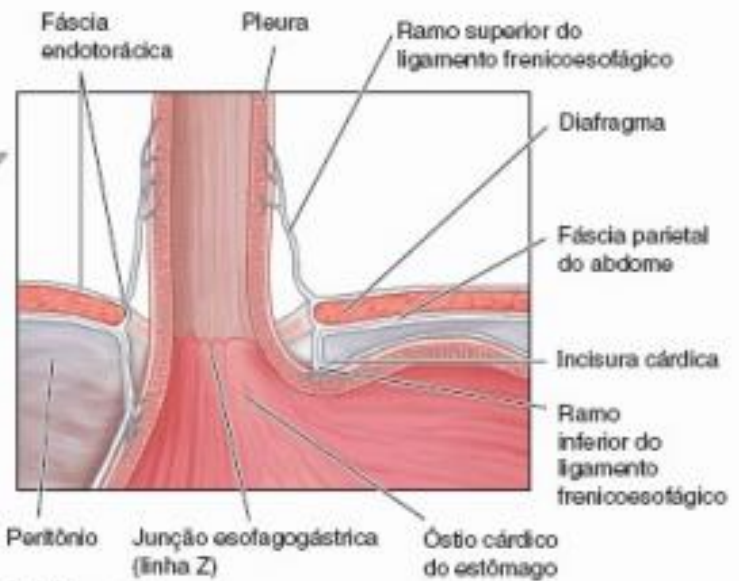
Chiara Beletato



A. Vista lateral esquerda



B. Vista microscópica inferior, corte transversal



C. Vista anterior

Câncer do Esôfago

- 2 tipos Histológicos
 - Adenocarcinoma
 - Esôfago distal
 - Carcinoma de Células Escamosas
 - Esôfago torácico e médio

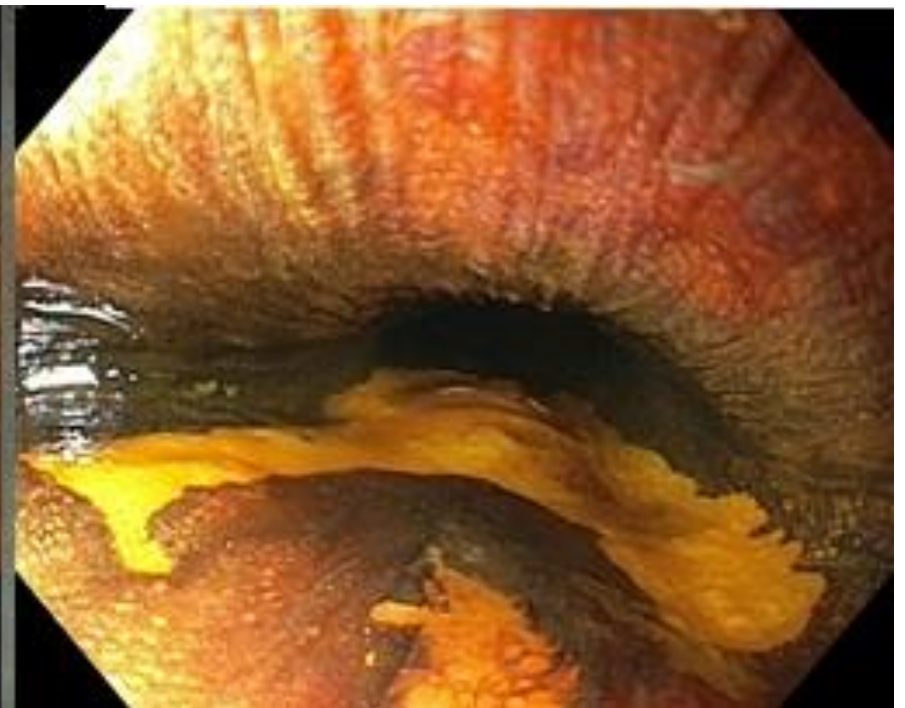
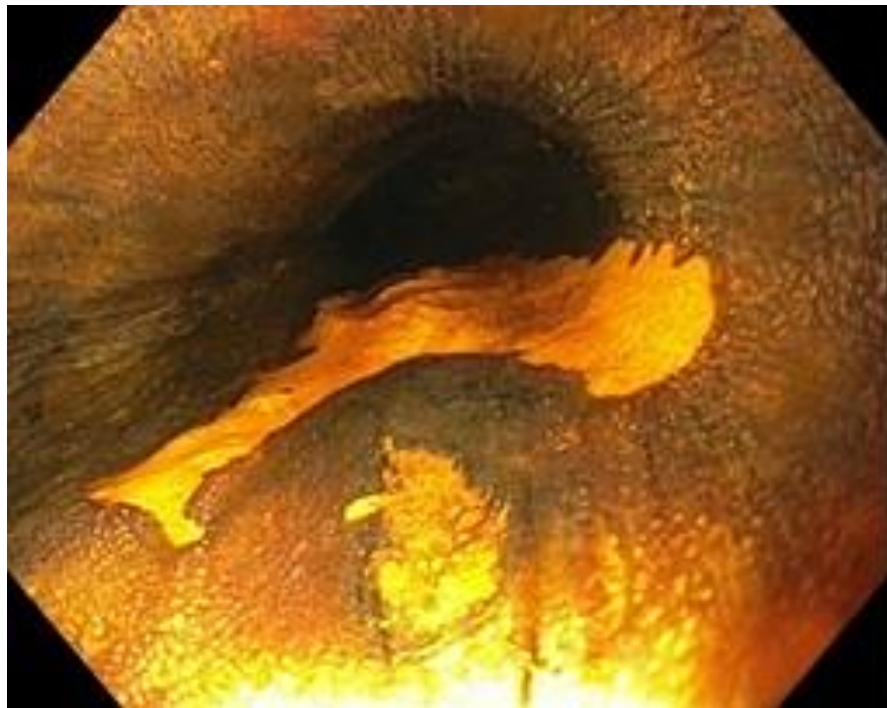
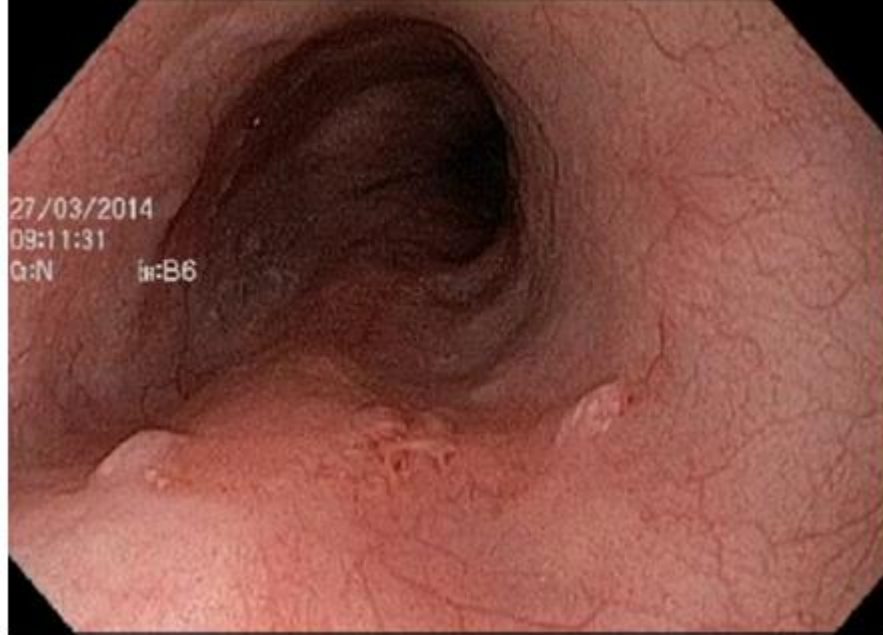
Câncer de Esôfago

- Fatores de risco
 - Carcinoma Escamoso
 - Álcool e tabagismo
 - Bebidas quentes
 - Acalásia
 - Plummer – Vinson
 - Tilose palmo – plantar
 - Adenocarcinoma
 - DRGE – Esôfago Barret

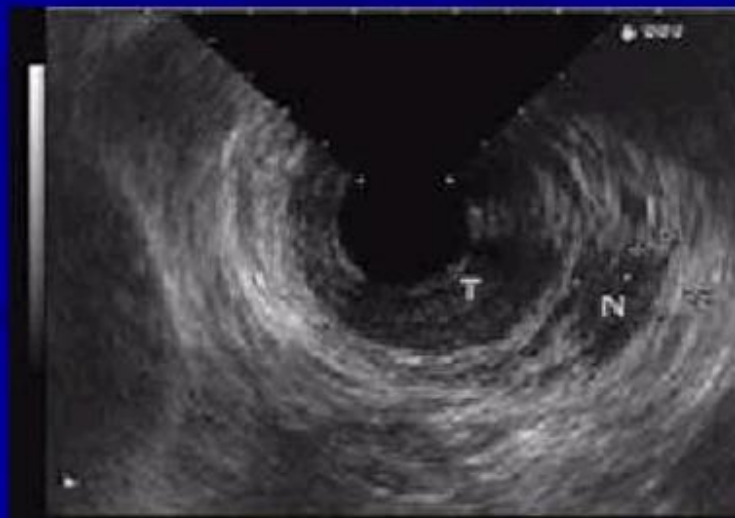
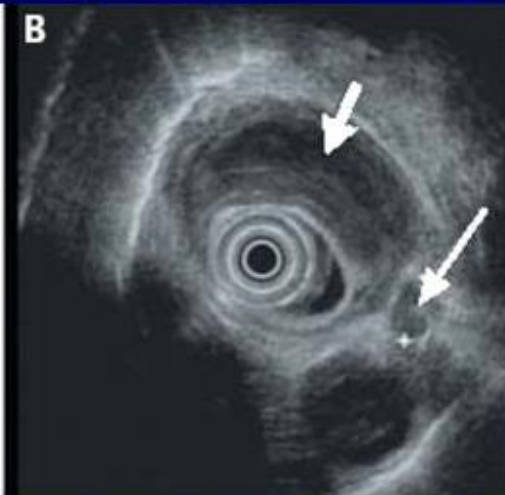
Câncer de Esôfago

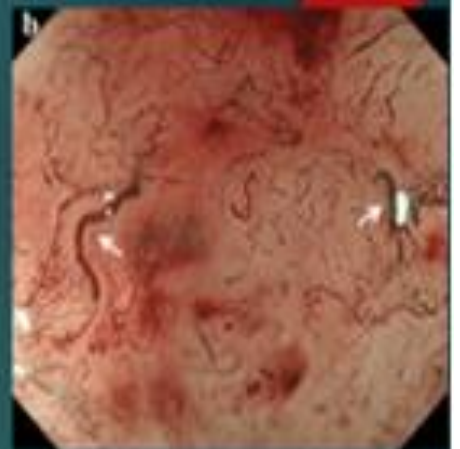
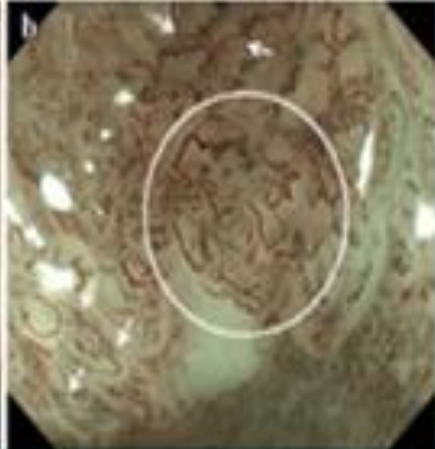
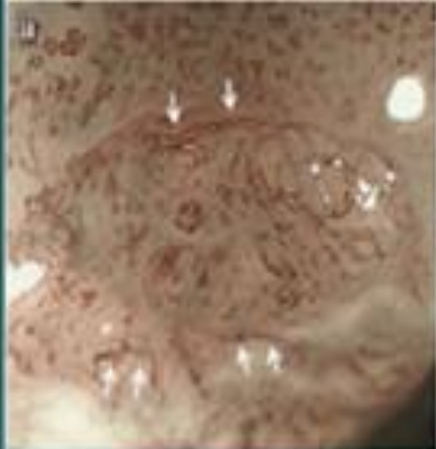
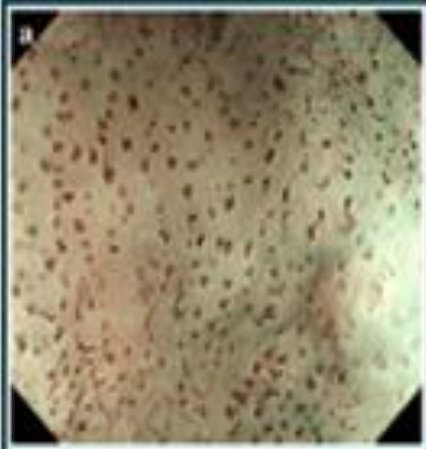
- Quadro clínico
 - Disfagia
 - Perda Ponderal
 - Rouquidão e tosse
- Diagnóstico
 - Biópsia + histopatológico

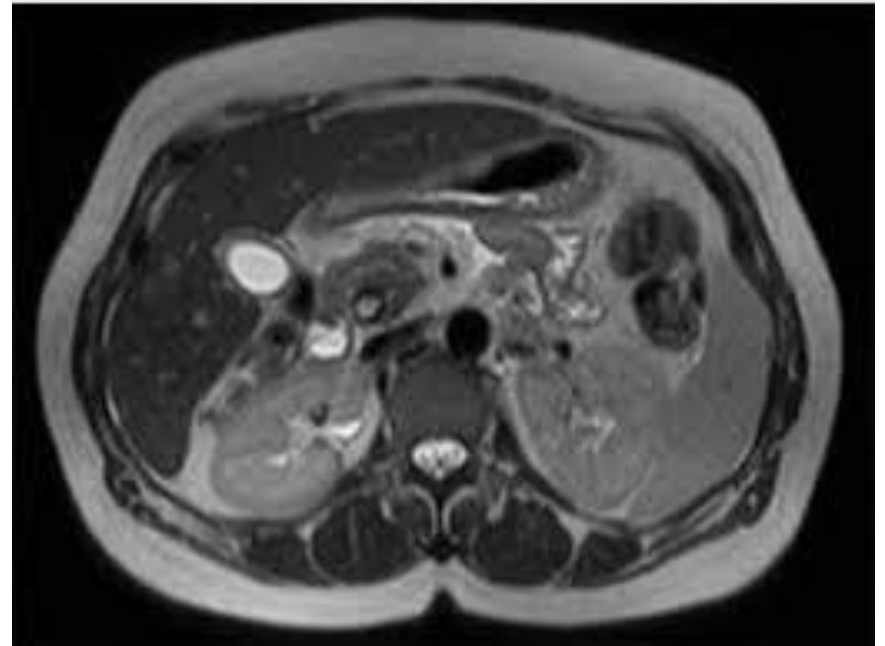




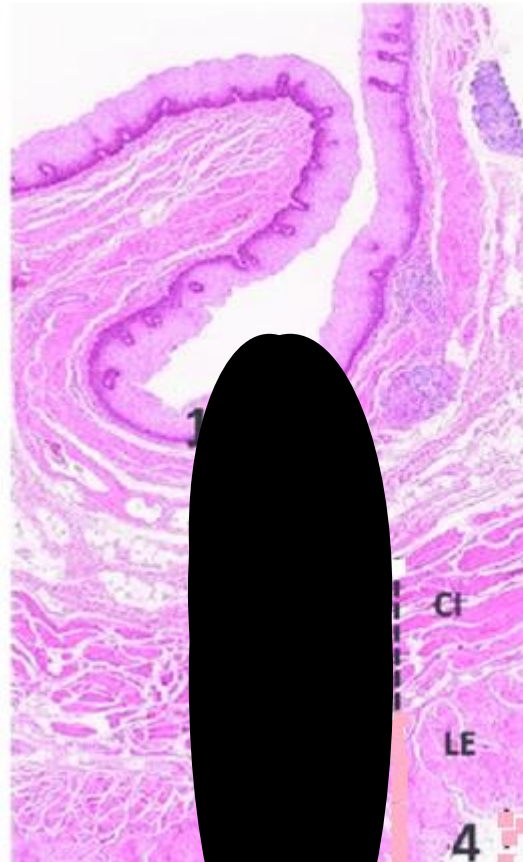
Estadiamento







Estadiamento T



1. MUCOSA

T1a

2. SUBMUCOSA

T1b

3. MUSCULAR

T2

4. ADVENTÍCIA

T3

T4 – estruturas adjacentes

Tratamento

T1-A mucosa

- **Endoscopia:** T1-A

T1-B submucosa

- **Cirurgia:** \geq T1 B –
esofagectomia +
linfadenectomia
+ QT E RT neoadjuvante -
antes da cirurgia

T2- muscular

T3- adventícia

T4- A – adjacentes
ressecáveis

- **Palição:** T4-B OU M1
(Metástases a distância)
 - Diminuir o sofrimento do
paciente

**T4- B adjacentes
irressecáveis**