**4th class / Pathology lecture ( 8 )**

**Oesophagus**

**Haematemesis of Oesophageal origin**

Massive (vomiting of blood) may occur due to vascular lesions in the oesophagus. These lesions are as under:

**1. Oesophageal varices:**They occur as a result of elevated pressure in the portal venous system, most commonly in cirrhosis of the liver. Less common causes are: portal vein thrombosis, hepatic vein thrombosis and pylephlebitis.

**2. Mallory-Weiss syndrome.**

In this condition, there is a laceration of mucosa at the gastro-oesophageal junction following minor trauma such as by vomiting, retching or vigorous coughing.

**3. Rupture of the oesophagus.**Rupture of the oesophagus may occur following trauma, during oesophagoscopy, indirect injury (e.g. due to sudden acceleration and deceleration of the body) and spontaneous rupture (e.g. after overeating, extensive aerophagy etc).

**4. Other causes.**Oesophageal haematemesis may also occur in the following conditions:

1) Bursting of aortic aneurysm into the lumen of oesophagus

2) Vascular erosion by malignant growth in the vicinity

3) Hiatus hernia

4) Oesophageal cancer

5) Purpuras

6) Haemophilia.

**Tumors of oesophagus**

Benign tumors of the oesophagus are uncommon and small in size (less than 3 cm).

**Carcinoma of the oesophagus**

Carcinoma of the oesophagus is diagnosed late, after symptomatic oesophageal obstruction (dysphagia) has developed and the tumor has transgressed the anatomical limits of the organ. The tumor occurs more commonly in men over 50 years of age.

**Etiology.** Although exact etiology of carcinoma of the oesophagus is not known, a number of conditions and factors have been implicated as under:

**1. Diet and personal habits:**

1) Heavy smoking

2) Alcohol consumption

3) Intake of foods contaminated with fungus

4) Nutritional deficiency of vitamins and trace elements.

**2. Oesophageal disorders:**

1) Oesophagitis (especially Barrett’s oesophagus in adenocarcinoma)

2) Achalasia

3) Hiatus hernia

4) Diverticula

5) Plummer-Vinson syndrome.

**3. Other factors:**

1) Race—more common in the Chinese and Japanese .

2) Family history—association with tylosis (keratosis in Western races; more frequent in blacks than whites. palmaris et plantaris).

3) Genetic factors—predisposition with coeliac disease, epidermolysis bullosa, tylosis.

4) HPV infection—is the recent addition in etiologic factors. At molecular level, abnormality of p53 tumour suppressor gene has been found associated with a number of above risk factors, notably with consumption of tobacco and alcohol,and in cases having proven Barrett’s oesophagus.