Esophageal Cancer: A Historical Perspective

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- Esophageal cancer
 Adenocarcinoma
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- Progress Historical

In the history of esophageal cancer, the majority of initial discoveries were made in the nineteenth and twentieth centuries. However, the earliest mention of esophageal cancer appears to have come from Egypt around 3000 BC, and there were further reports from China around 2000 years ago. Then, between the sixteenth and nineteenth centuries, there were advancements in the visualization and removal of these lesions. In the twentieth century these techniques were improved upon, but with no real increase in survival rates. Currently, the technological instruments and treatment options available are amazing when compared with even 50 years ago, but the majority of cases are still diagnosed at late stage and there has been no substantial overall improvement in outcomes from this insidious disease. The literature is scattered and can be extremely difficult to locate; as such, this article focuses on a few key historical moments associated with esophageal cancer diagnosis and treatment. **Box 1** shows a historical timeline of esophageal cancer.

ANCIENT TIMES Egypt

One of the first human written descriptions of disease states including the anatomy, physiology, pathology, and clinical observation was discovered in 1862 by American egyptologist Edwin Smith and is known as the "Smith Surgical Papyrus" (Fig. 1), which was dated to have been transcribed between 3000 and 2500 BC (see Box 1). Although there is no specific mention of esophageal cancer in the papyrus, it is worth mentioning case 28 of the 48 cases recorded for historic interest, titled "A Gaping Wound of the Throat Penetrating the Gullet." The translation of the material, including headings used, is shown below:²

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Box 1

Historical timeline of esophageal cancer

3000–2500 BC: "Smith Surgical Papyrus" describes repair of the "gullet" after perforation; however, no mention of cancer.

950 BC: The Greek terms for "esophagus" and "stomach" appear in Homeric literature.

AD 0–1: The Chinese describe "swallowing syndromes" caused by cancer.

131–200: Galen describes fleshy growths causing obstruction of the gullet.

11th Century: Avicenna discusses the causes of dysphagia, including tumor involvement.

1363: Chauliac describes foreign bodies in the esophagus.

1543: Vesalius describes the anatomy of the esophagus.

16th Century: J. Fernel writes of scirrhus and other tumors blocking the esophageal tube and causing difficulty in swallowing.

1592: Fabricius Aquapendente employs wax tampers to remove foreign bodies from the esophagus.

1674: T. Willis uses whale bone to dilate the esophagus.

1724: Boerhaave reports a case of spontaneous rupture of the esophagus.

1764: Ludlow describes a pharyngesophageal diverticulum.

1806: Bozzini develops an early endoscope using a mirror and reflected light from a candle in an attempt to see the upper esophagus.

1809: Pinel recommends the use of esophageal tubes to feed the insane.

1821: Purton describes a case of esophageal achalasia.

1822: Magendie notes that food is held up at the lower end of the esophagus, suggesting the presence of a sphincter.

1843: Switzer invents the esophageal dilators.

1844: The first recorded operation of esophagotomy for the relief of esophageal stricture by John Watson an American surgeon.

1857: Albrecht Theodor Von Middeldorpf, a Breslau surgeon, performs the first operation on a tumor of the esophagus.

1868: Kussmaul is the first to pass a lighted tube through the entire esophagus into the stomach.

1871: Billroth successfully resects and reanastomoses the cervical esophagus in dogs.

1872: First excision of the esophagus in man, performed by Christian Albert Theodor Billroth, an Austrian surgeon.

1877: Czerny is the first to successfully resect the cervical esophagus for carcinoma in human beings.

1881: Mikulicz studies the physiology of the esophagus.

1883: Esophageal motility in human beings is determined by H. Kronecker and S. Meltzer with pressure measurements of inserted balloons.

1886: J. Mikulicz treats esophageal carcinoma by resetion and plastic reconstruction.

1898: Rehn attempts resections of an esophageal carcinoma via right posterior mediastinotomy in two patients, unsuccessfully.

1901: Dobromysslow successfully performs the first intrathoracic resection and reanastomosis of the esophagus in dogs.

1905: Beck describes formations of a gastric tube from the greater curvature of the stomach, based on the gastroepiploic artery.

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