Author's response to reviews

Title: A case of Metastatic esophageal lesion presenting as a Paraneoplastic Syndrome: a case report

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Dear Editors,

Neuroendocrine tumors (NETs) with esophageal metastasis are very rare. Pseudoachalasia can be secondary to a malignant process that occurs via a paraneoplastic process.

We would like to report a patient with a history of a resection of a large cell neuroendocrine carcinoma (LCNEC) of the lung in 2011 that presented with progressive dysphagia 6 months post-operative. The patient had esophageal manometric characteristic of achalasia. From 2012, the patient had a 2 year follow-up with repeat normal esophagogastroduodenoscopies (EGD), C.T and PET. When referred to our center for endoscopic treatment for achalasia, we revealed a LCNEC metastatic mass in the distal esophagus. Thus far a combination of paraneoplastic achalasia preceding 2 years a metastatic lesion is rare and has not been reported in the literature

We would appreciate your consideration to publish our case report entitled “A case of Metastatic esophageal lesion presenting as a paraneoplastic syndrome: a case report” for publication in the Journal of Medical Case Reports.

Thank you

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