Letters to the Editor

Acute necrotizing esophagitis in a patient with femur fracture

Key words: Faltan.

Dear Editor,

Acute necrotizing esophagitis, also known as “black esophagus”, represents an infrequent and rarely suspected clinical entity. However, a growing number of cases have been reported worldwide since it was first described in 1990. This condition develops associated with severe concomitant diseases and is believed to be related to a transient poor esophageal perfusion. On endoscopy, it consists of typical blackish esophageal lesions with exudates similar to those found in severe caustic esophagitis, originating its name (black esophagus). We present a case of this entity in an aged patient with femur fracture in hemodynamically unstable situation.

Case report

A ninety four year-old male patient with chronic atrial fibrillation, was admitted to the Emergency department of our hospital for a femur fracture. During his stay at this service, the patient suffered several hypotension episodes, some of them accompanied by chest pain compatible with *angor pectoris*. After 15 hours of evolution, he begun with coffee ground vomits and underwent an emergency upper endoscopy which demonstrated the characteristic findings of the discussed condition, without any other acute endoscopic disorder (Figs. 1 and 2).

Fig. 1. Esophagus with fibrinous exudates and necrotic plaques.

Fig. 2. Note the distribution predominantly in distal esophagus.

Discussion

Acute necrotizing esophagitis is probably an infrequent pathology. It was described for the first time by Goldenberg in 1990 (1). Since then, some short series have been published, showing a 0.01 to 0.5% incidence for all upper endoscopies, although necropsies have demonstrated a higher frequency (near 10%). It presents more frequently in males and even though the ultimate causes remain unknown. It is supposed to be associated to esophageal ischemia, and, therefore, it can be found in patients in poor general situation secondary to other concomitant illnesses. Thus, it has been related to ischemia, infections, anti-cardiolipine syndrome, massive reflux, hypothermia, renal failure, cancer and others (3-7). The biopsies will, therefore, show mucous and submucous necrosis (which appears brown-pigmented), smooth muscle implication, and sometimes thrombosis of the esophagic vessels.

Upper gastrointestinal tract bleeding, especially as hematemesis or coffee ground vomits, is the most frequent presentation form in published reports. Endoscopy shows blackish esophageal lesions similar to those in caustic esophagitis and that characteristically do not affect the gastroesophageal junction. Biopsies are not strictly necessary for the diagnosis, but they are helpful in the differential diagnosis with melanosis, pseudomelanosis, acantosis nigricans and melanoma.

Mortality is high (more than 30%), but it is mainly related to the severe associated condition more than to the esophagitis itself,

as the esophageal lesions usually resolve independently of the severity of the underlying disease.

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