

## PICTURES IN DIGESTIVE PATHOLOGY

### Acute esophageal necrosis resolved in 72 hours

Noelia Alcaide<sup>1</sup>, Luis Fernández-Salazar<sup>1</sup>, Lourdes Ruiz-Rebollo<sup>1</sup> and Elvira González-Obeso<sup>2</sup>

Departments of <sup>1</sup>Gastroenterology and <sup>2</sup>Anatomy. Hospital Clínico Universitario. Valladolid, Spain

#### CASE REPORT

The case is an 80 year old man with arterial hypertension under treatment with chronic kidney disease. Three months previously, the patient underwent endoscopic dilatation with the hydrostatic balloon technique by dysphagia secondary to Schatzki stenotic ring.

The patient was admitted with sudden dysphagia, feeling food bolus impaction and intense epigastric pain. Laboratory evaluation did not show any alteration. Upper endoscopy showed the esophageal lumen diffusely dilated, with submucosal hemorrhages and confluent violet-blackish areas. All these findings were suggestive of esophageal necrosis. It was also observed that food debris caused decubitus of the mucosa of the middle third esophagus (Fig. 1). The Schatzki ring allowed the passage of the endoscope without difficulty. A hiatal hernia was also present. The patient was treated with intravenous hydration and high-dose proton pump inhibitors. Three days later, the upper endoscopy was performed again and showed a totally normal esophageal mucosa and slightly dilated lumen (Fig. 2). The esophageal biopsy showed fragments of esophageal mucosa with micro-hemorrhages and microscopic foci of necrosis.

#### DISCUSSION

Acute esophageal necrosis is an infrequent clinical entity with high morbidity and mortality. The most common presentation (> 80%) is upper gastrointestinal bleeding (1). Risk factors include cardiovascular disease, diabetes mellitus, chronic kidney insufficiency and malignancy in connection with tissue hypoperfusion, diminished immune defenses or infectious conditions (2). Esophageal perforation is rare and delayed stricture formation may occur (3).

In our case, we saw that the unusual form of presentation and the esophageal mucosa returned to its normal appearance in a brief period of time.

#### REFERENCES

1. Talebi-Bakhshayesh M, Samiee-Rad F, Zohrenia H, et al. Acute esophageal necrosis: A case of black esophagus with DKA. Arch Iran Med 2015;18:384-5.

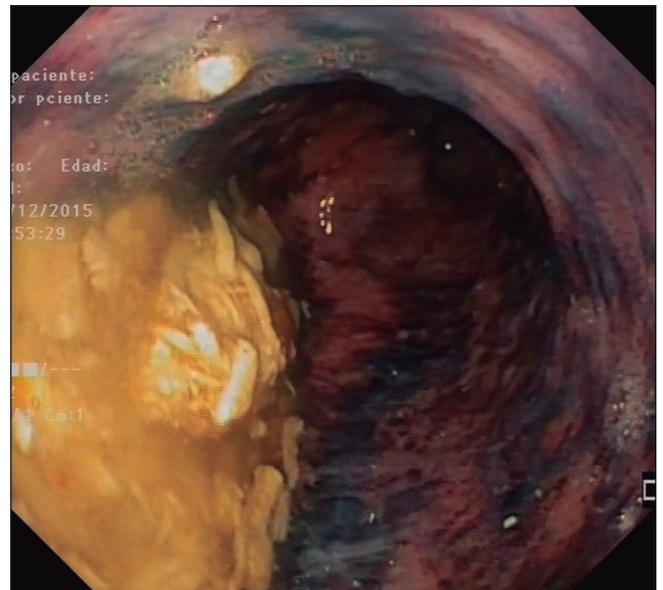


Fig. 1. Endoscopic image of the middle third esophagus showing violet-blackish areas, submucosal hemorrhages and accumulation of food debris.

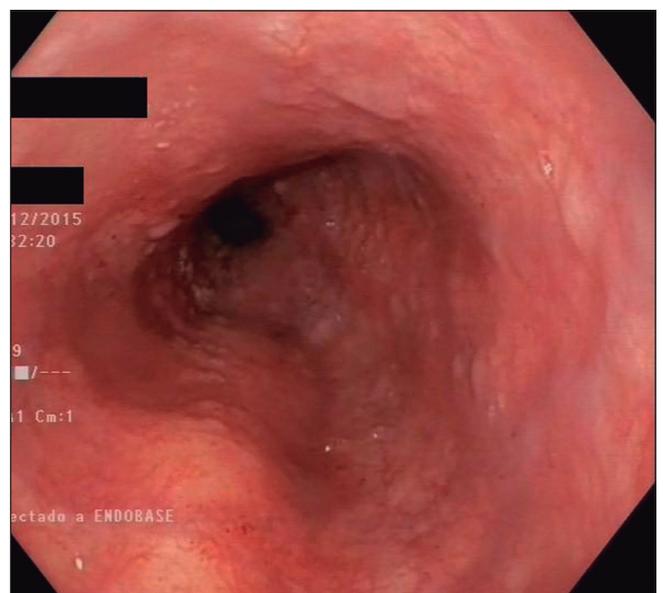


Fig. 2. Endoscopic image in a similar location as figure 1 showing the normal esophageal mucosa after 72 hours.

2. Gurvits GE, Cherian K, Shami MN, et al. Black esophagus: New insights and multicenter international experience in 2014. *Dig Dis Sci* 2015;60:444-53. DOI: 10.1007/s10620-014-3382-1
3. Chugh P, Tzimas D, Gurvits GE. A rare cause of upper gastrointestinal bleeding. *Gastroenterol* 2013;145:e11-2. DOI: 10.1053/j.gastro.2013.07.045