

PICTURES IN DIGESTIVE PATHOLOGY

An unusual cause of Boerhaave's syndrome in a young patient

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CASE REPORT

An 18-year-old male patient with a history of atopy and intermittent dysphagia for solids presented to the Emergency Department with sudden onset total dysphagia followed by hematemesis, after ingesting an ibuprofen tablet. Urgent upper gastrointestinal endoscopy revealed a deep laceration (Fig. 1) just above the tablet impacted in the distal esophagus (Fig. 2). Abdominal computed tomography (CT) scan confirmed the suspicion of an esophageal perforation. The impacted tablet was broken up with biopsy forceps, and a covered metallic stent (Hanaarostent® 60/100 x 20/26 mm) was placed across the cardia effectively excluding the fistula (Fig. 3). Recovery was uneventful and the stent was easily removed six weeks later. Follow-up biopsies showed

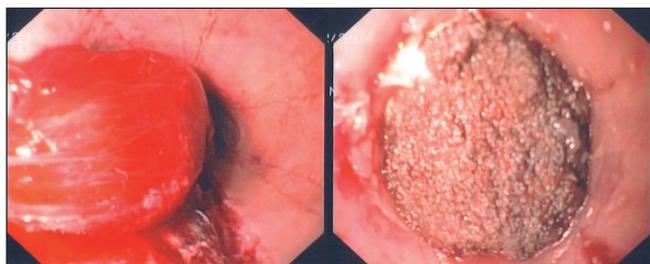


Fig. 1. Deep laceration in the terminal esophagus with an adherent fresh blood clot.



Fig. 2. Ibuprofen tablet impacted in the terminal esophagus.

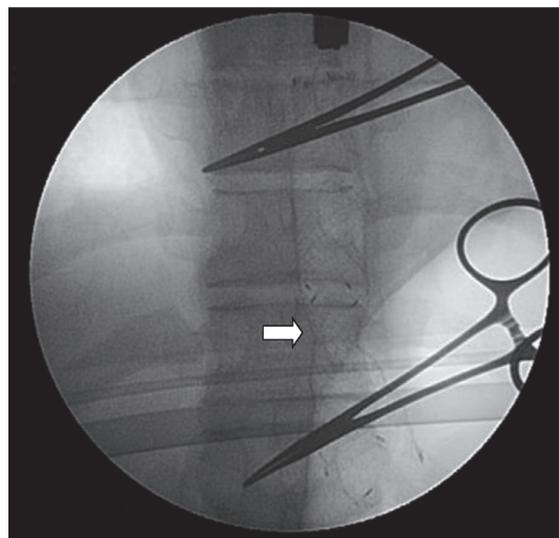


Fig. 3. Covered metallic stent in the distal esophagus (arrow) effectively excluding the lacerations.

marked mucosal infiltration by eosinophils confirming the diagnosis of eosinophilic esophagitis (EE). The patient was treated with oral budesonide and remains asymptomatic.

DISCUSSION

EE is a chronic inflammatory condition of the esophagus typically presenting with dysphagia and food impaction in adulthood (1). Sustained chronic inflammation may weaken the esophagus predisposing to a potential perforation (1). However, perforation unrelated to endoscopic maneuvers has rarely been reported in EE (1-3). In a recent review including 511 patients with EE, perforation occurred in only 2.0%, mostly related with prolonged food bolus impaction (2). While surgery has been classically advocated for this complication, endoscopic management using self-expanding stents may present an alternative (3), as shown in our case. Potential benefits include lower morbidity, earlier resumption of oral feeding and shorter duration of hospitalization.

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