



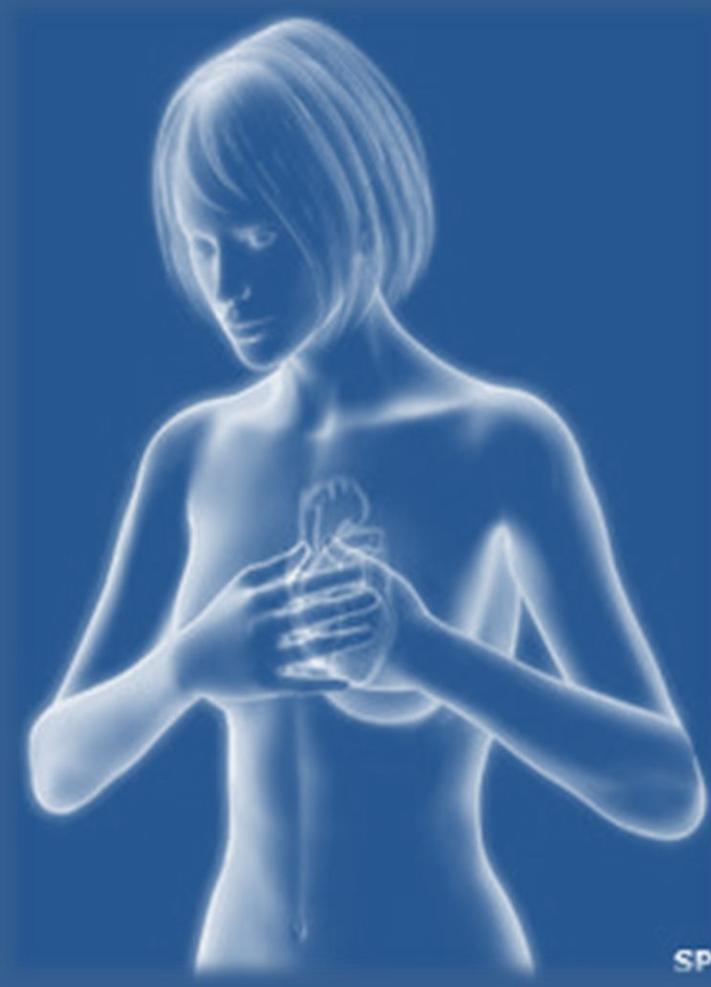
Rare and Unexpected

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Rabin Medical Center

# Case Presentation

- 64 year-old-female
- Acute chest pain
- Physical exam - N
- Blood tests - N
- ECG - N
- Chest x-ray - N
- Cardiac echo - N



# Case Presentation

- Hematemesis

BP-150/100 and tachycardia 114

HB decrease- 2.5 g/dl

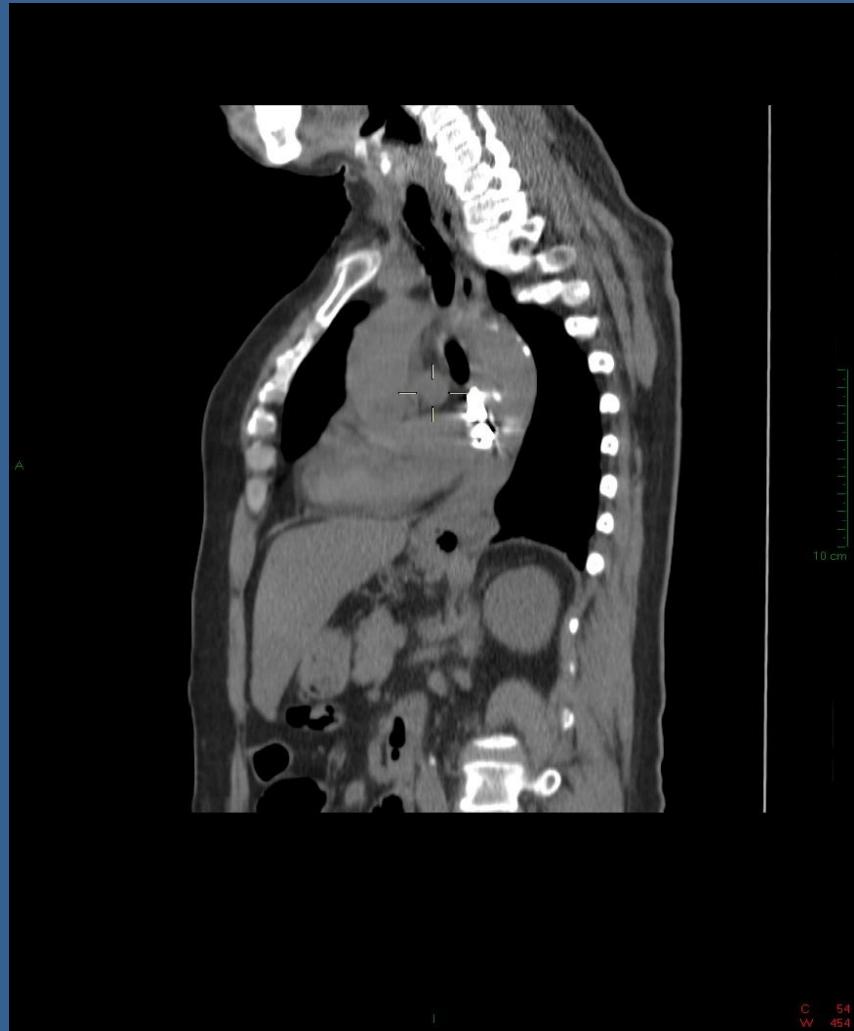
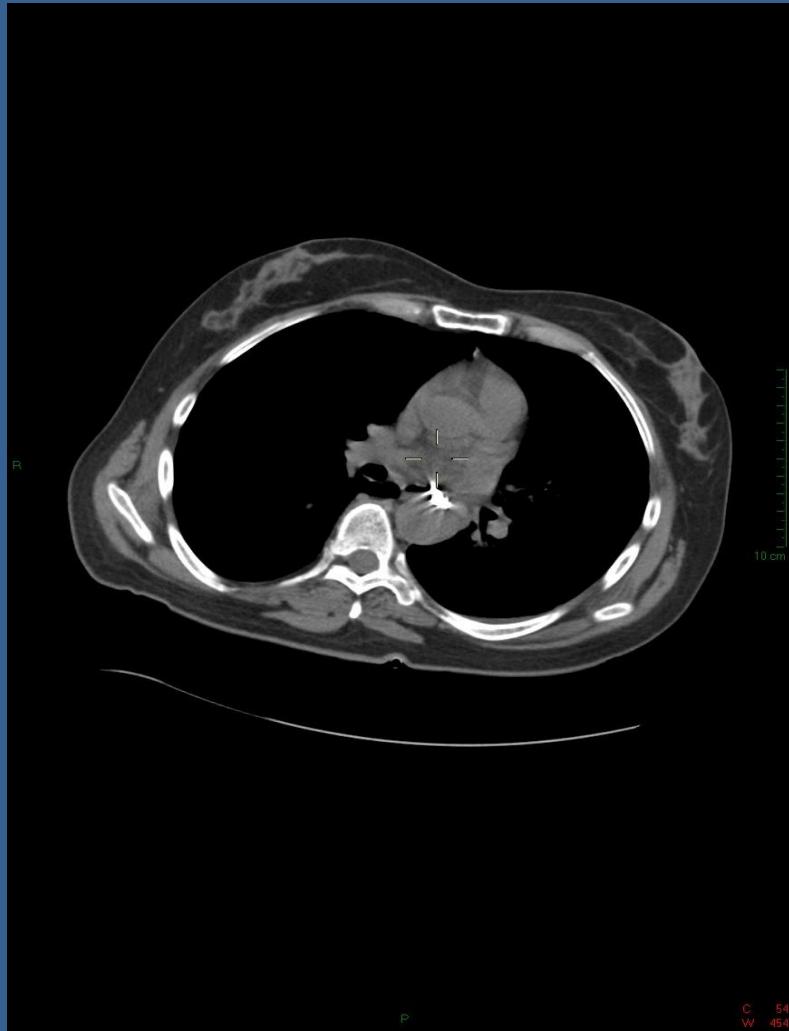
Packed RBC- 1 unit

Emergency gastroscopy

# Emergency Gastroscopy



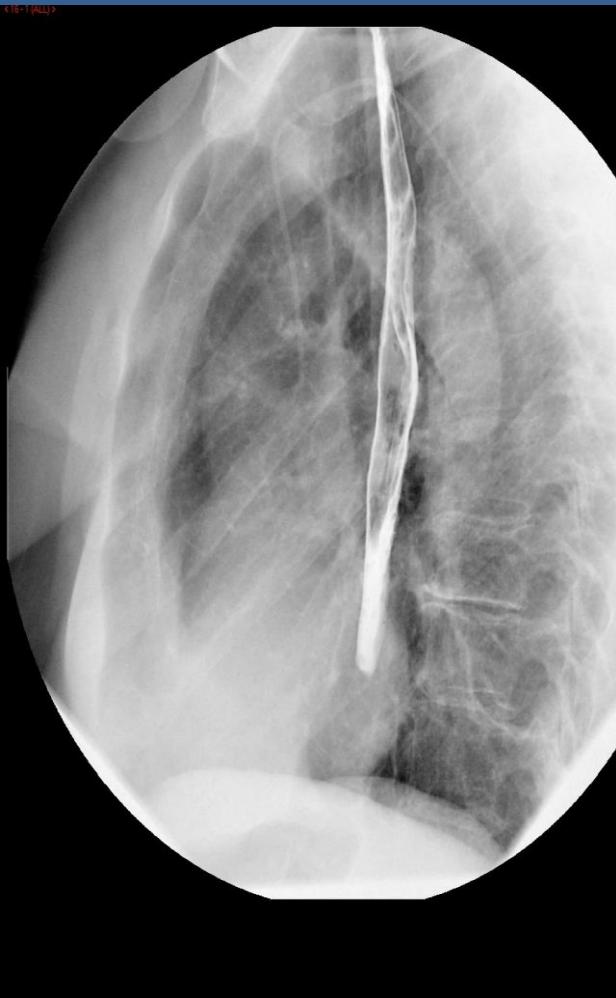
# Thorax CT



# Treatment

- Fasting
- IV fluid / TPN
- IV Controloc

# Fluoroscopic Esophagography

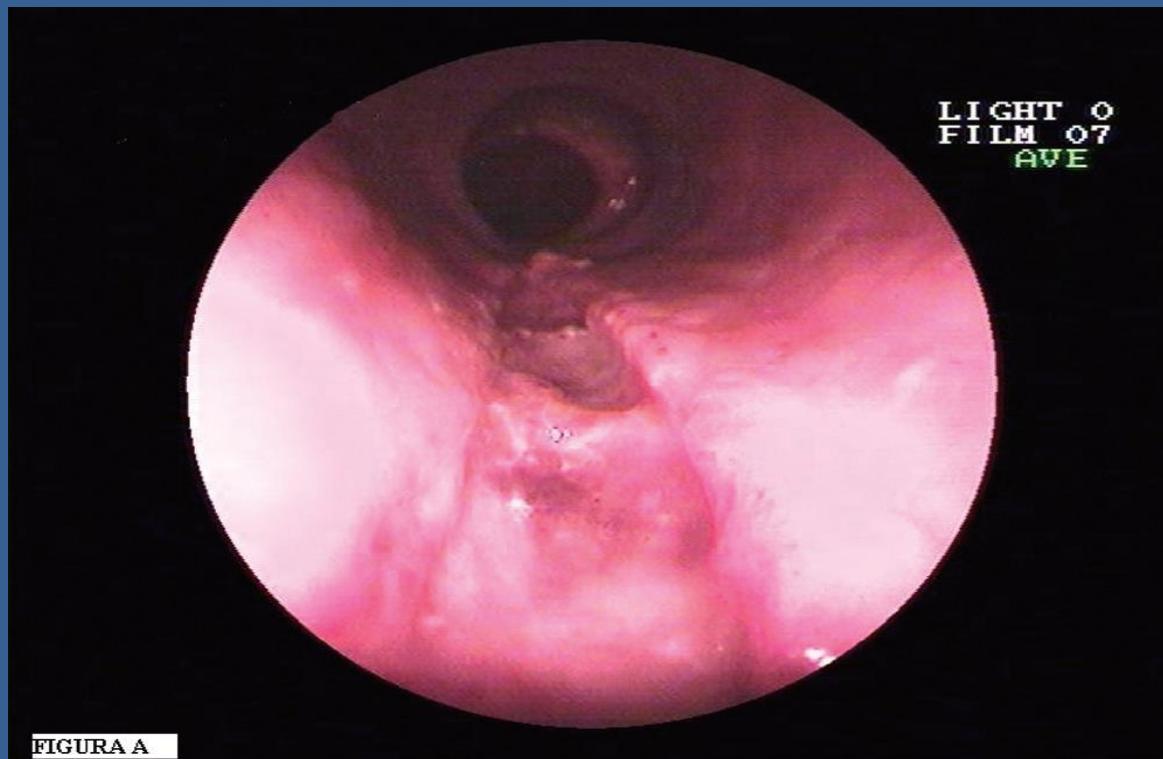


# Intramural Esophageal Rupture (IER)

- Endoscopic instrumentation
- Foreign bodies
- Spontaneous
  - Wang Q. International J of Medicine, 2015
  - Moyano C. Rev Esp Enferm Dig, 2006
  - Gluck M. GI Endoscopy, 2002
  - Younes Z. J of Clinical Gastroenterology, 1999

# Spontaneous Intramural Esophageal Rupture (SIER)

- Long and commonly spares the distal esophagus

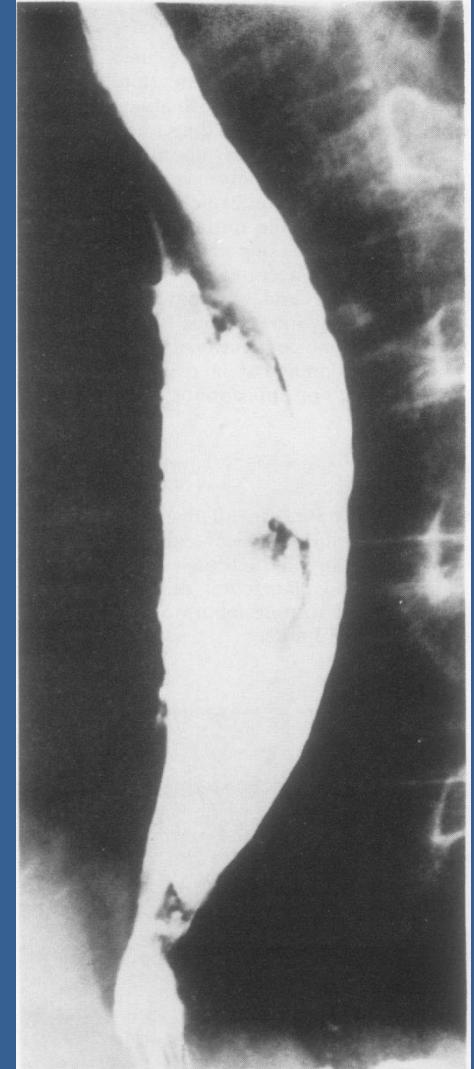


- Moyano C. Rev Esp Enferm Dig, 2006
- Younes Z. J of Clinical Gastroenterology, 1999

# SIER

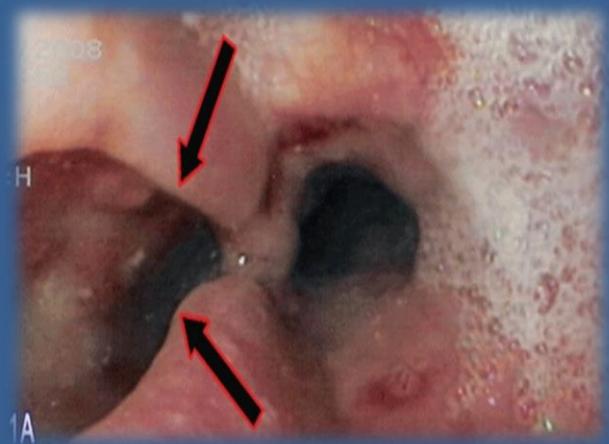
- Initially described – 1968
- About 60 cases of SIER
- Majority pts -women (=66%)
- Mean age 65 years
- Some had a history of GERD

- Moyano C. Rev Esp Enferm Dig, 2006
- Gluck M. GI Endoscopy, 2002
- Younes Z. J of Clinical Gastroenterology, 1999
- Steadman C. Gut, 1990
- Kerr W. Thorax, 1980



# SIER Etiology

- Uncertain
- Sudden increases in intraesophageal pressure
- Submucosal hemorrhage
  - Coagulation disorders??
- Moyano C. Rev Esp Enferm Dig, 2006
- Gluck M. GI Endoscopy, 2002
- Younes Z. J of Clinical Gastroenterology, 1999



# SIER- Clinical symptoms

- Acute substernal pain (80%) :
  - Initial symptom
  - May be very severe and seems like AMI
- Hematemesis (50%):
  - Occurred few hours after the onset of pain
- Odynophagia or dysphagia

- Moyano C. Rev Esp Enferm Dig, 2006
- Gluck M. GI Endoscopy, 2002
- Steadman C. Gut, 1990
- Kerr W. Thorax, 1980

# SIER Diagnosis and treatment

- UGI endoscopy is safe as diagnostic tool
  - Excellent prognosis
  - Managed conservatively
- 
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  - Gluck M. GI Endoscopy, 2002
  - Younes Z. J of Clinical Gastroenterology, 1999

# Classification of acute esophageal injury

|                  | Mallory-Weiss tear | Boerhaave's syndrome | Intramural rupture                        |
|------------------|--------------------|----------------------|---|
| Etiology         | Forceful vomiting  | Forceful vomiting    | ?   |
| Presentation     | Haematemesis       | Chest pain           | Chest pain                                |
| Later symptoms   | --                 | Sepsis               | Haematemesis<br>Dysphagia,<br>odynophagia |
| Depth of lesion  | Mucosal            | Transmural           | Intramural                                |
| Length of lesion | Short, distal      | Short, distal        | Long                                      |
| Management       | Conservative       | Surgery              | Conservative                              |
| Prognosis        | Good               | High mortality       | Good                                      |

# Follow up

- Gastroscopy after 2 months:

Esophagitis LA-A

Bx- N

- Gastroscopy after 6 months:

Normal