An Unusual Endoscopic Image of a Submucosal Esophageal Hematoma

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Dear Editor:

A 44-year-old man was referred to our department with hematemesis 2 days after swallowing an areca nut. Informed consent was obtained from the patient. The patient had no underlying disease. His laboratory test results revealed an elevated C-reactive protein level (13.85 mg/dL). Coagulation studies and liver and kidney function were normal. Endoscopy revealed an extensive, longitudinal, submucosal esophageal hematoma, extending from 20 cm past the incisors to the gastroesophageal junction. The lumen of the esophagus was moderately congested. No active bleeding or foreign body was observed (Figure 1). After 7 days of fasting and conservative treatment, an endoscopic follow-up revealed that the hematoma had completely resolved and that a shallow ulcer remained at the original lesion site (Figure 2).

An esophageal hematoma is a very rare phenomenon in clinical practice. Previous reports regarding the causes of esophageal hematomas have mainly referred to complications of endoscopy (1); other reported causes are hard food boluses, coagulopathy, trauma, drugs, or idiopathic causes (2, 3). Symptoms of esophageal hematomas are hematemesis, epigastric pain, heartburn, and odynophagia. The most important disorder to be differentiated is aortoesophageal fistula; however, these symptoms have also been reported in esophageal cancer, acute myocardial infarction, esophageal perforation, and aortic dissection.

The management of an esophageal intramural hematoma depends on the clinical situation. In most reports, patients respond well to conservative treatment. However, surgical intervention may be required during severe bleeding. We present these findings to increase awareness on imaging findings because a better understanding of risk factors may prevent misdiagnosis and inappropriate treatment.

FIGURE 1. Endoscopy revealed an extensive, longitudinal, submucosal esophageal hematoma, extending from 20 cm past the incisors to the gastroesophageal junction

FIGURE 2. An endoscopic follow-up revealed that the hematoma had completely resolved and that a shallow ulcer remained at the original lesion site

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