CYPRUS JOURNAL OF MEDICAL SCIENCES

Letter to Editor

DOI: 10.5152/cjms.2016.162

An Unusual Endoscopic Image of a Submucosal Esophageal Hematoma

Shi Lei, Liu Fu-Jian, Jia Qiu-Hong, Guan Hang

Department of Gastroenterology, Eighth Affiliated Hospital of Guangxi Medical University, Guigang, China

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.

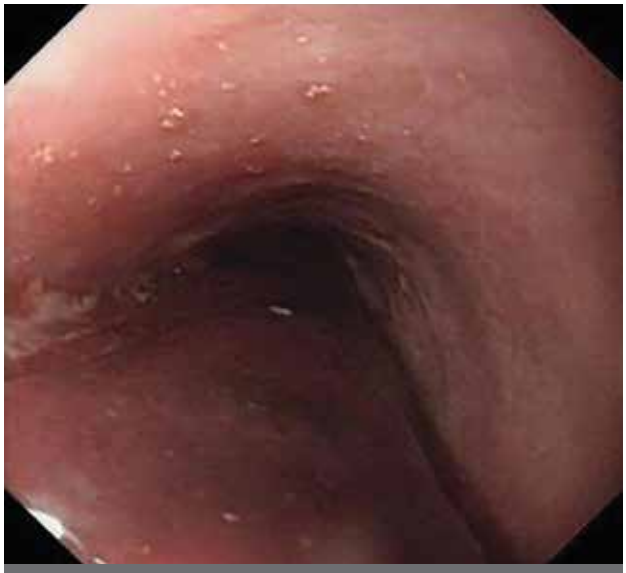

FIGURE 1. Endoscopy revealed an extensive, longitudinal, submucosal esophageal hematoma, extending from 20 cm past the incisors to the gastroesophageal junction

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

This study was presented at the 15th Annual Conference of Guangxi Gastroenterology Society, 12-16 April 2015, Nanning, China.

Correspondence Author: Shi Lei
E-mail: ycymoment@hotmail.com

Received: 18.10.2016
Accepted: 28.12.2016
Available Online Date: 06.02.2017

Ethics Committee Approval: N/A.

Informed Consent: Written informed consent was obtained from patient who participated in this study.

Peer-review: Externally peer-reviewed.

Author contributions: Concept - L.S., H.G.; Design - L.S., F.J.L.; Supervision - L.S., Q.H.J.; Resource - L.S., Q.H.J.; Materials - L.S., H.G.; Data Collection and/or Processing - L.S., F.J.L.; Analysis and/or Interpretation - L.S., F.J.L.; Literature Search - L.S., F.J.L.; Writing - L.S., F.J.L.; Critical Reviews - H.G., Q.H.J., L.S.; Critical Reviews - F.J.L., H.G.

Acknowledgements: The authors would like to thank Dr. Li Qiu-Lin for reading and revising the manuscript.

Conflict of Interest: No conflict of interest was declared by the authors.

Financial Disclosure: The authors declared that this study has received no financial support.

REFERENCES

1. Tong M, Hung WK, Law S, Wong KH, Kwok KF, Wong J. Esophageal hematoma. Dis Esophagus 2006; 19: 200-2. [CrossRef]
2. Lin AW, Eng M, Robbins D. A very unusual appearance of a rare endoscopic finding: esophageal hematoma. Endoscopy 2009; 41: 40. [CrossRef]
3. Chu YY, Sung KF, Ng SC, Cheng HT, Chiu CT. Achalasia combined with esophageal intramural hematoma: case report and literature review. World J Gastroenterol 2010; 16: 5391-4.[CrossRef]