

Acute esophageal necrosis (black esophagus) with active upper gastrointestinal bleeding: What to do?

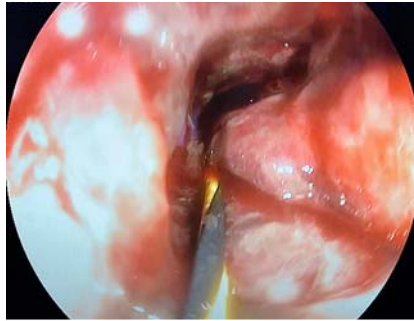
Black esophagus is a rare syndrome with a measured incidence of about 0.01 to 0.28% of the population, with very few reports in the literature [1]. Although rare, mortality reaches 30% of cases [2]. The main predisposing factors include male gender, old age, cardiovascular diseases, ischemic diseases, and thromboembolic diseases [3].

A 72-year-old man was admitted to the intensive care unit owing to pneumonia with sepsis and hemodynamic instability using noradrenaline. An upper gastrointestinal endoscopy exam was performed because of massive upper gastrointestinal bleeding. On examination, a black esophagus with mucosal detachment and exposure of the muscular layer was found in about 75% of the organ lumen, which extended 20 cm from the upper dental arch to the esophagogastric transition. Voluminous active bleeding was also observed (► **Fig. 1**). We decided to use an esophageal fully covered self-expandable metal stent by the “over-the-wire” technique for the purpose of hemostasis (► **Fig. 2**, ► **Video 1**).

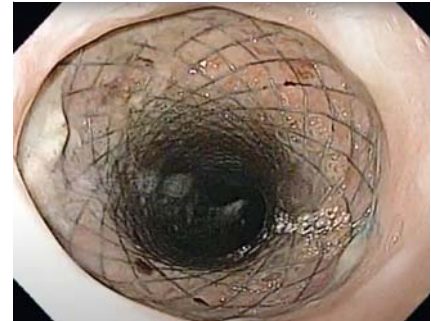
After the 12-hour procedure, the patient was stable and without vasoactive drugs. Another upper gastrointestinal endoscopy was performed 72 hours later, which demonstrated success in achieving hemostasis and, after stent removal, the organ's surface showed no bleeding or signs of perforation (► **Fig. 3**).

Black esophagus has no indication for stent use [4]. Because of active bleeding in this case, however, it saved the life of the patient, who was discharged from the intensive care unit after 7 days of hospitalization.

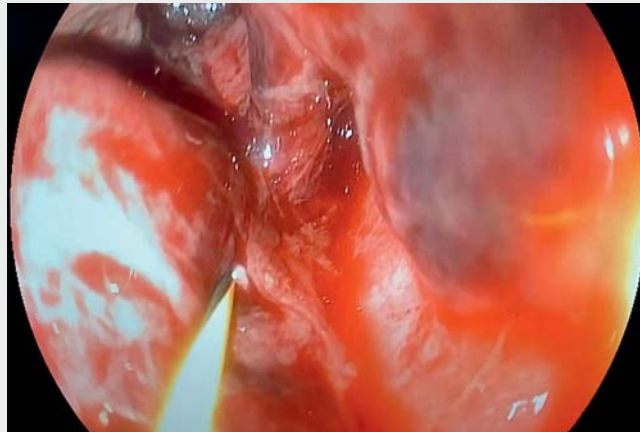
We emphasize that in these cases the patient tends to progress to a distal esophageal stricture, and early dilation is the key to successful treatment [2, 5].



► **Fig. 1** Black esophagus with active upper digestive bleeding.



► **Fig. 2** The appearance of the prosthesis 72 hours after the initial examination.







► **Video 1** We demonstrate a case of a black esophagus with upper gastrointestinal bleeding treated unusually with a fully covered self-expandable metal stent for hemostasis purposes.

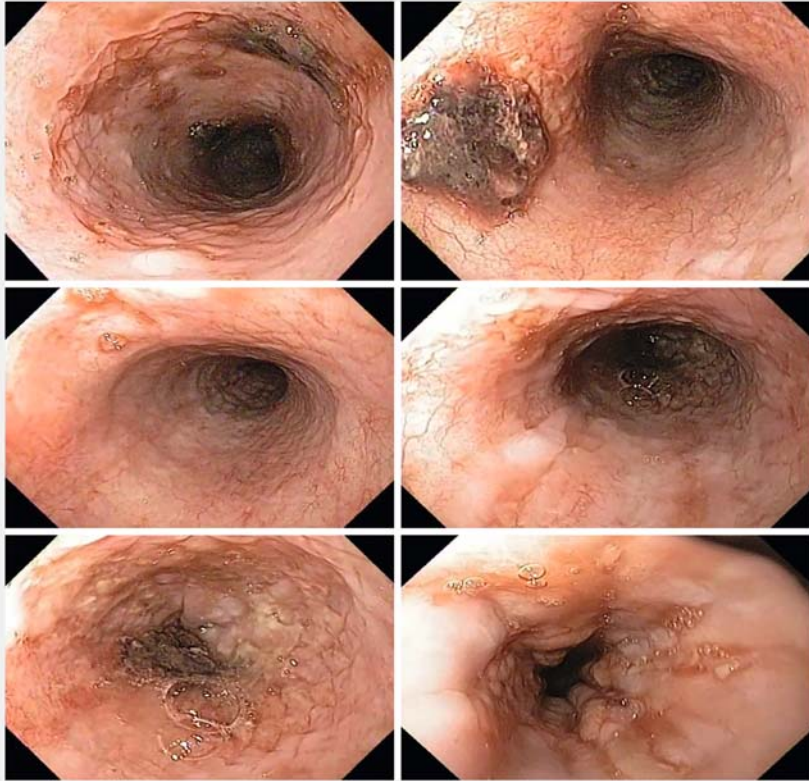
Endoscopy_UCTN_Code_TTT_1AO_2AD

Competing interests

The authors declare that they have no conflict of interest.

The authors

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► **Fig. 3** The final aspect of the esophagus 72 hours after stenting.

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CORRECTION

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In the above-mentioned article, the surname of Mateus Bond Boghossian has been corrected. This was corrected in the online version on February 17, 2021.