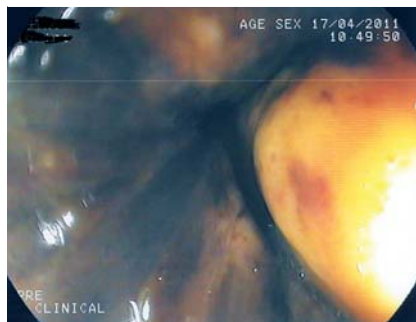


## Black esophagus complicating variceal bleeding

An 81-year-old frail Caucasian man experienced a first episode of acute variceal bleeding complicating portal hypertension. He had undergone right hepatectomy plus resection of hepatic segment 4 for a large, right-sided hepatoma 6 years previously. This had been followed by treatment with radioactive iodine ( $^{131}\text{I}$ -Lipiodol), which had caused veno-occlusive disease in the remaining segments 2 and 3 leading to severe portal hypertension. He was hospitalized for hematemesis. His hemoglobin had fallen from 120 g/L to 68 g/L. Esophagogastroduodenoscopy revealed grade 3 varices covered by a black, necrotic mucosa at 30–40 cm from the incisors (● Fig. 1). Ligation of the varices was not impeded and the hemorrhage stopped. The mucosa had returned to normal 7 days later, and further ligations were performed. Black esophagus is caused by mucosal necrosis, which is linked to trauma and ischemia, usually in a debilitate individual [1,2]. The condition usually regresses



**Fig. 1** Black esophagus with underlying grade 3 varices.

with supportive care and perforation due to transmural necrosis is exceptional except when caused by caustic burns. In the present case, the ischemia was due to decreased blood flow linked to the variceal hemorrhage. This is a cause that has not been previously reported.

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**Competing interests:** None

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