An 81-year-old woman with history of chronic lymphocytic leukemia and recent diagnosis of *Clostridium difficile* colitis, and maintained on oral vancomycin, presented for generalized weakness, persistent nausea, and a long history of difficulty swallowing (food hangs in her chest and does not move down to her stomach). Workup revealed low potassium and white blood cell count of 41 000/mm<sup>3</sup> with lymphocytes predominance. Renal function and liver enzyme levels were within normal. The patient received intravenous fluids and electrolytes replacement. A diagnostic upper endoscopy was done to delineate the cause of the dysphagia, and the findings were tortuous esophagus, slight narrowing of the esophageal sphincter, and an enormous intrathoracic stomach. Most of the stomach except for the antrum and an enormous intrathoracic stomach. The scope was passed through the hiatus entering the antrum, as well as a large amount of coagulated blood in the splenic fossa and free blood in the peritoneal cavity. The spleen short gastric vessels attached to the stomach fundus were intact, but partial disruption of the lateral peritoneal attachments of the spleen was noted. Splenectomy was done and the bleeding sites were sutured. The stomach was found to be herniated through a large paraesophageal hernia. The stomach was then fixed with double gastrostomy tube gastropexy. A pathological study of the spleen showed normal parenchyma. The patient recovered well and was discharged several days later. Rupture of the spleen following trauma is well known. Spontaneous rupture of the spleen has also been described in various conditions such as certain hematological malignancies, infections (malaria, Epstein–Barr virus infection, human immunodeficiency virus infection), metabolic disorders, tumors of the spleen, pregnancy, and connective tissue diseases [1,2]. It is also described as a complication after colonoscopy, left-sided thoracotomy, and shockwave lithotripsy [1,2]. Some serious complications such as vissus perforation and gastrointestinal bleeding have been rarely reported after upper endoscopy [3]. However, spleen injury or rupture is an exceptional and very rare complication following gastroscopy [3]. To our knowledge, only few cases have been reported in the medical literature [3–5]. We think that the excessive stretching of spleno-diaphragmatic ligaments and of spleno-peritoneal lateral attachments during endoscopy and possibly the location of most of the stomach in the thoracic cavity had contributed to the spleen rupture [5,6]. Rapid diagnosis in the presence of suggestive symptoms of hemodynamic instability and abdominal pain following upper endoscopy is life-saving.

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**Competing interests:** None

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