

Esophageal hematoma caused by foreign body ingestion

A 51-year-old man was admitted to our hospital with hematemesis after swallowing a chicken bone. An endoscopy was performed, which showed a large submucosal hematoma in the esophagus, which extended from 15 cm down to the esophagogastric junction. The esophageal lumen was occupied by the hematoma. No active bleeding or foreign body was seen (● Fig. 1; ● Video 1).

The findings on examination and standard laboratory testing, including coagulation parameters and platelet count, were otherwise within normal limits. The patient was recommenced on a liquid diet on the third day after his admission. A follow-up endoscopy performed 1 week later showed marked improvement in the esophageal hematoma (● Fig. 2).

Esophageal hematoma is an uncommon condition. Patients often present with acute odynophagia or retrosternal pain. Possible differential diagnoses that should be considered include Mallory–Weiss mucosal tear, esophageal perforation, Boerhaave's transmural rupture, aorto-esophageal fistula, rupture of esophageal varices, esophagitis, malignant tumors, acute myocardial infarction, pulmonary embolism, and aortic dissection. Early diagnosis is important to determine the severity of the problem and exclude life-threatening disorders [1].

We report herein on one patient with esophageal hematoma caused by ingestion of a foreign body. Hematemesis is a relatively infrequent initial symptom of esophageal hematoma. Biopsy of such lesions must be avoided because of the obvious potential risk of bleeding. The usual mode of treatment is therefore watchful waiting, and most patients will do better without any intervention [2]. With conservative treatment alone,

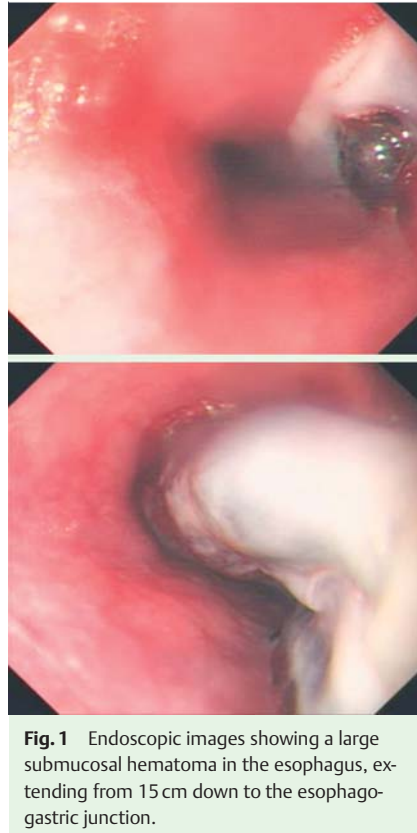


Fig. 1 Endoscopic images showing a large submucosal hematoma in the esophagus, extending from 15 cm down to the esophagogastric junction.

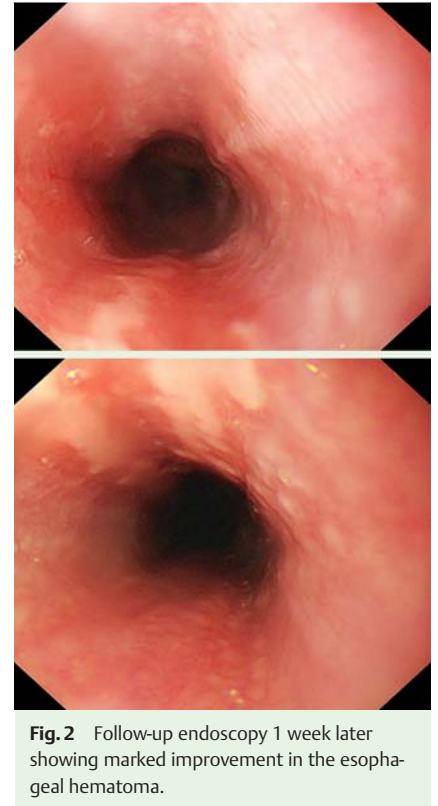


Fig. 2 Follow-up endoscopy 1 week later showing marked improvement in the esophageal hematoma.

esophageal hematomas generally resolve within a few weeks.

Endoscopy_UCTN_Code_CCL_1AB_2AC_3AG

Competing interests: None

Na Li, Xiao-jun Zhao, Dong-liang Yu, Xin Wang, Jian-qiu Sheng

Department of Gastroenterology, The Military General Hospital of Beijing PLA, Beijing, China

References

- 1 Lu MS, Liu YH, Liu HP et al. Spontaneous intramural esophageal hematoma. *Ann Thorac Surg* 2004; 78: 343–345
- 2 Hirano K, Yamamichi N, Fujishiro M et al. Education and Imaging. Gastrointestinal: esophageal hematoma: a rare cause of upper gastrointestinal bleeding. *J Gastroenterol Hepatol* 2012; 27: 1642

Bibliography

DOI <http://dx.doi.org/10.1055/s-0034-1365391>
 Endoscopy 2014; 46: E203
 © Georg Thieme Verlag KG
 Stuttgart · New York
 ISSN 0013-726X

Corresponding author

Jian-qiu Sheng, MD
 Department of Gastroenterology
 The Military General Hospital of Beijing PLA
 Nanmencang 5#
 Dongcheng District
 Beijing 100700
 China
 jianqiu@263.net

Video 1

Endoscopy at presentation showing a large submucosal hematoma in the esophagus, which extended from 15 cm down to the esophagogastric junction. No active bleeding or foreign body was seen.