Internal Medicine
The Japanese Society of Internal Medicine
doi: 10.2169/internalmedicine.7807-21
Intern Med 61: 265-266, 2022
http://internmed.jp

【 PICTURES IN CLINICAL MEDICINE 】

Boerhaave's Syndrome

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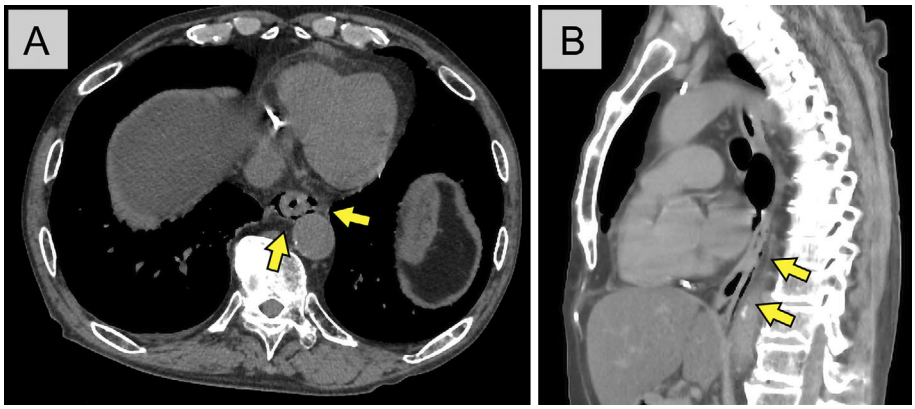
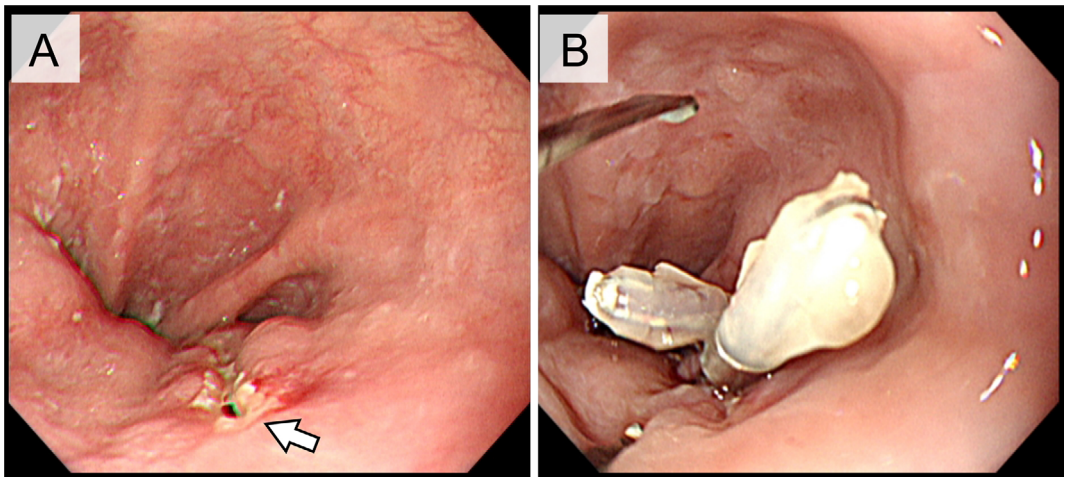
Key words: Boerhaave's syndrome, gastroenterology

(Intern Med 61: 265-266, 2022)
(DOI: 10.2169/internalmedicine.7807-21)



Picture 1.



Picture 2.

A 69-year-old healthy man presented to our hospital with hematemesis and epigastralgia following frequent vomiting that had started the previous day. Although a physical examination was unremarkable, chest computed tomography (CT) showed peri-esophageal air collections localized around the lower thoracic esophagus (Picture 1A, B, arrows). We performed esophagogastroduodenoscopy (EGD) with careful consideration, detecting a longitudinal mucosal laceration with pinhole perforation in the lower esophagus (Picture 2A, arrow), but the mucosal laceration was absent in the gastric cardia, and closure of the pinhole was achieved using hemostatic clips (Picture 2B). We adminis-

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Received: April 22, 2021; Accepted: May 20, 2021; Advance Publication by J-STAGE: July 3, 2021
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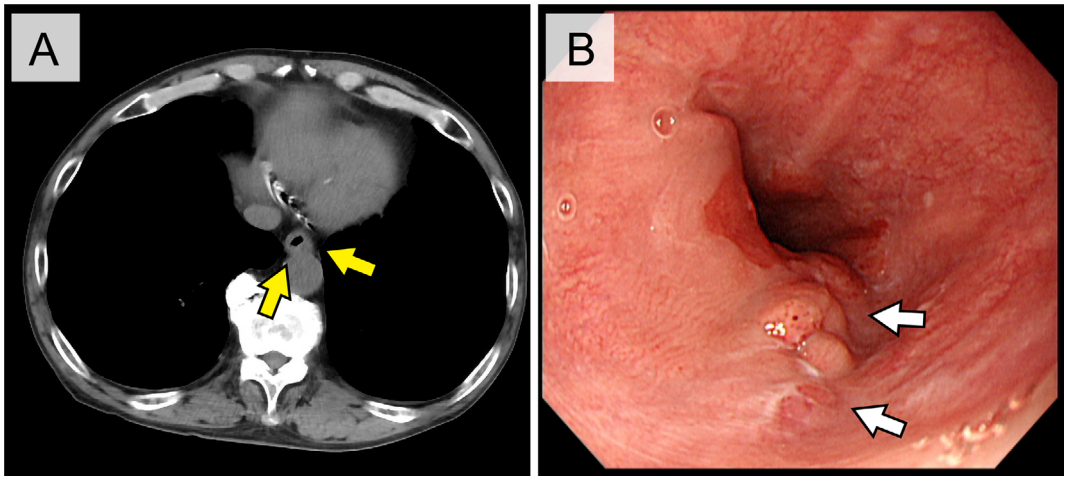

Picture 3.

tered conservative treatment with cessation of oral intake, intravenous fluids with parenteral nutrition, intravenous antibiotics, and proton pump inhibitors. Resolution was confirmed by follow-up CT (Picture 3A, arrows) and EGD (Picture 3B, arrows), and the patient was discharged on hospital day 29. Boerhaave's syndrome is a spontaneous rupture of the esophagus due to forceful emesis. Although surgical management has been the mainstream treatment, with the development of endoscopic techniques and accessories, the use of endoscopic treatment has been increasing in recent years, especially in cases diagnosed early without signs of sepsis (1, 2).

The authors state that they have no Conflict of Interest (COI).

References

1. Gurwara S, Clayton S. Esophageal perforations: an endoscopic approach to management. Curr Gastroenterol Rep **21**: 57, 2019.
2. Dickinson KJ, Buttar N, Wong Kee Song LM, et al. Utility of endoscopic therapy in the management of Boerhaave syndrome. Endosc Int Open **4**: E1146-E1150, 2016.