[PICTURES IN CLINICAL MEDICINE]

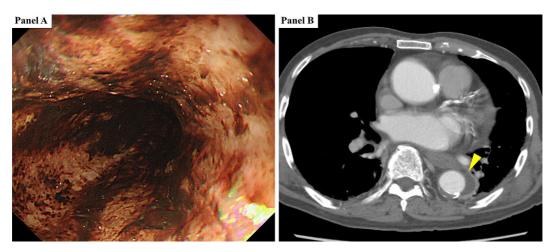
Black Esophagus with Acute Aortic Dissection

Yu Horiuchi¹, Nobuo Toda² and Kengo Tanabe¹

Key words: black esophagus, acute esophageal necrosis, aortic dissection

(Intern Med 61: 1111, 2022)

(DOI: 10.2169/internalmedicine.8121-21)



Picture.

An 87-year-old man presented to the emergency department with hematemesis and back pain with grade III hypertension. Esophagogastroduodenoscopy revealed a black esophagus, indicating acute esophageal necrosis (AEN) with diffuse black mucosal discoloration (Picture A). AEN can be caused by impaired esophageal circulation, especially in the hypovascular distal third area, with a general state of debilitation resulting in weakened mucous defense mechanisms (1). In the present case, the cause of esophageal malperfusion was investigated by contrast-enhanced computed tomography, and DeBakey type IIIa aortic dissection was diagnosed (Picture B). Thrombotic occlusion of the false lumen may have impaired the blood flow to the intercostal arteries and esophageal perfusion. Following treatment with antihypertensive therapy and a proton-pump inhibitor, esophagogastroduodenoscopy revealed the resolution of AEN. The patient was discharged with no complications. The prompt identification of aortic dissection and appropriate blood pressure control may have led to a favorable outcome.

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

Reference

 Dias E, Santos-Antunes J, Macedo G. Diagnosis and management of acute esophageal necrosis. Ann Gastroenterol 32 (6): 529-540, 2019.

The Internal Medicine is an Open Access journal distributed under the Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License. To view the details of this license, please visit (https://creativecommons.org/licenses/by-nc-nd/4.0/).

¹Division of Cardiology, Mitsui Memorial Hospital, Japan and ²Department of Gastroenterology, Mitsui Memorial Hospital, Japan Received: June 13, 2021; Accepted: August 4, 2021; Advance Publication by J-STAGE: September 18, 2021 Correspondence to Dr. Kengo Tanabe, kengo-t@zd5.so-net.ne.jp