



Medical Imagery

Boerhaave's Syndrome

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An 81 year-old woman with a history of hypertension presented to the emergency department with sudden onset of nausea, vomiting, cold sweats and then substernal pain. The physical examination revealed epigastric tenderness elicited on deep palpation, and bilateral neck subcutaneous emphysema. Chest radiography revealed subcutaneous emphysema and pneumomediastinum (Fig. 1A). Chest computed tomography (CT) demonstrated disruption of the esophageal wall with a peri-esophageal food-fluid and air collection, which indicated esophageal perforation (Fig. 1B). Thus, Boerhaave's syndrome was highly suspected, and emergency surgery was performed. During the operation, a 4-cm longitudinal laceration was found and feeding jejunostomy was placed. Finally she was discharged uneventfully 36 days later.

Boerhaave's syndrome is defined as the spontaneous rupture of the esophagus mostly following forceful emesis.¹ Only two thirds of patients have the characteristic signs and symptoms of vomiting, lower chest pain and subcutaneous emphysema. Early diagnosis may be difficult in other patients with nonspecific presentations. Sometimes, image studies such as chest radiography and CT may help diagnosis.² In conclusion, Boerhaave's syndrome is a medical emergency and typical clinical presentations with characteristic image features can help early recognition and save lives.

Conflict of interest

None.

References

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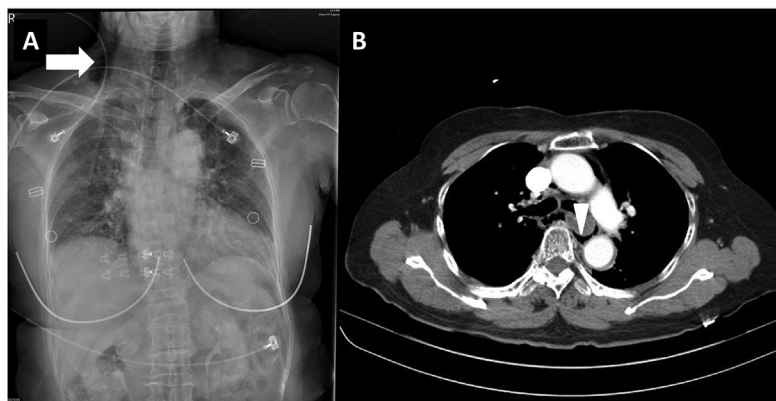


Fig. 1. (A) Chest radiography demonstrates subcutaneous emphysema (arrow) and pneumomediastinum. (B) Computed tomography shows disruption of the esophageal wall with peri-esophageal food-fluid and air collection (arrowhead).

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