

Clinical Image

A Case Report of Spontaneous Esophageal Intramural Hematoma with Delayed Hemorrhage Treated Conservatively by Internal Medicine

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Abstract

Spontaneous esophageal intramural hematoma is a rare cause of gastrointestinal bleeding, and delayed bleeding is more rare in clinic. This paper reports a case of spontaneous esophageal intramural hematoma with delayed hemorrhage treated conservatively by internal medicine, which can help us to understand the clinical and imaging manifestations of the disease.

Clinical Image

A 63 year old female presented with poststernal pain after eating. There was no inducement before the onset, no eating hard or hot food, and no disease. Chest CT showed that the esophageal wall was thickened, the density was increased, and the surrounding of the tube wall was fuzzy (Figure A). Esophageal hematoma was considered. ECG, myocardial enzyme spectrum and coagulation examination showed no abnormality. After fasting, hemostasis, inhibition of gastric acid, protection of gastric mucosa and other treatment, chest pain was alleviated, no hematemesis, melena. So four days later, when eating a small amount of warm fluid, and then hematemesis, melena, dizziness, palpitation occurred, and retrosternal pain was aggravated. Gastroscopy showed that there was extensive hematoma, with blood exudation (Figure B); iodine water angiography showed that the esophageal lumen was clear. There was no obvious extravasation of contrast medium and perforation was excluded. Continue conservative treatment in internal medicine, continue fasting, strengthen acid suppression, protect mucous membrane, stop bleeding and so on. The fasting time was prolonged, and there was no hematemesis or melena in the patient about one week. Gastroscopy showed esophageal mucosal hyperemia and longitudinal mucosal defect one week later. The change after hematoma repair was considered (Figure C). In order to exclude the influence of esophageal tumor, and follow-up at the same time, gastroscopy and CT were re-examined after 6 months. Endoscopy showed that the original hematoma was obviously absorbed, no scar was found, and no obvious tumor was generated. Bleeding caused by esophageal tumor was excluded (Figure D). On CT, the thickening of the primary esophagus was relieved.

The etiology of spontaneous intramural hematoma of esophagus is still unclear. The common causes of esophageal hematoma are physical or chemical injury, coagulation dysfunction, iatrogenic injury, gastroesophageal reflux disease and other basic diseases. In addition to the above reasons, the formation of esophageal hematoma is considered spontaneous. Bleeding is the first symptom of esophageal hematoma, and delayed bleeding is rare. Timely diagnosis and treatment can prevent hematoma expansion, esophageal compression and potential esophageal rupture. The diagnosis depends on imaging examination, including esophageal iodine water radiography, CT scanning, magnetic resonance imaging, etc., and endoscopic examination is also feasible [1].

However, because the mucosa covering the hematoma is thin and easy to rupture, the risk of endoscopic examination is high. Before the examination, it is necessary to inform the patients and their families of the risk and obtain the consent of the patients. Intramural hematoma generally does not involve the muscular layer, so perforation is rare, but because of thin mucosa, bleeding is common. Delayed hemorrhage of esophageal intramural hematoma should be differentiated from esophageal cancer, eosinophilic esophagitis and gastroesophageal reflux disease.

The main treatment was internal medicine [2,3]. Most patients had spontaneous hematoma absorption within 2-3 weeks. A few patients complicated with esophageal rupture, hematoma rupture and massive hemorrhage could be treated by DSA embolization or operation [4,5]. From this case, we learned that spontaneous esophageal intramural hematoma, need to extend fasting time, at the same time increase the use of acid inhibitors, to avoid the occurrence of delayed bleeding.

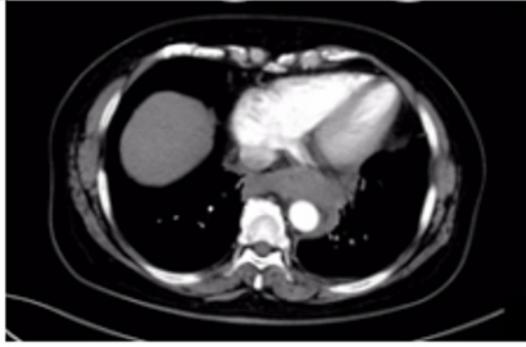


Figure A: Thickening of esophageal wall and disappearance of esophageal cavity.

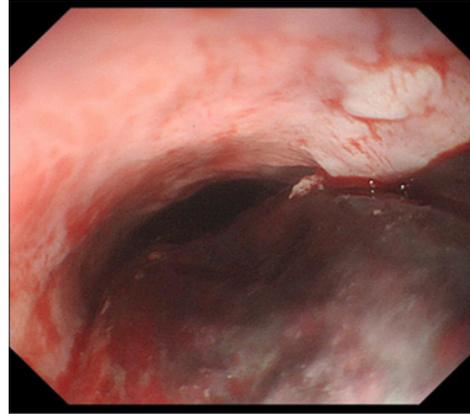


Figure B: Esophageal tube wall is thickened, extensive hematoma can be seen in the cavity, and blood exudation can be seen on the surface.

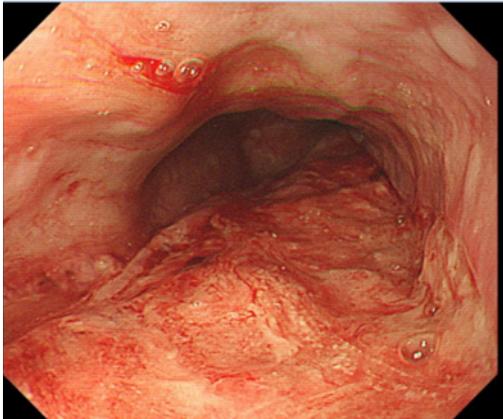


Figure C: Tissue hyperplasia is seen in esophageal mucosa.



Figure D: The esophageal mucosa returned to normal after reexamination.

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