

Case	(017) Boerhaave syndrome: a case report
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CASE PRESENTATION

45-year-old male patient with a history of long-term alcoholism whose vomit was black two days before examination. He was admitted presenting vomiting, suffocation, epigastric and chest pain.

Physical examination showed tachycardiac and easily dyspneic. His blood pressure was 90/60 mmHg.

A chest radiograph revealed a left-sided pleural effusion and mediastinal widening.

A body computed tomography scan demonstrated mediastinitis with mediastinal fluid collections and pneumomediastinum, left pleural effusion and a leak of contrast medium from the lower left part of the esophagus.

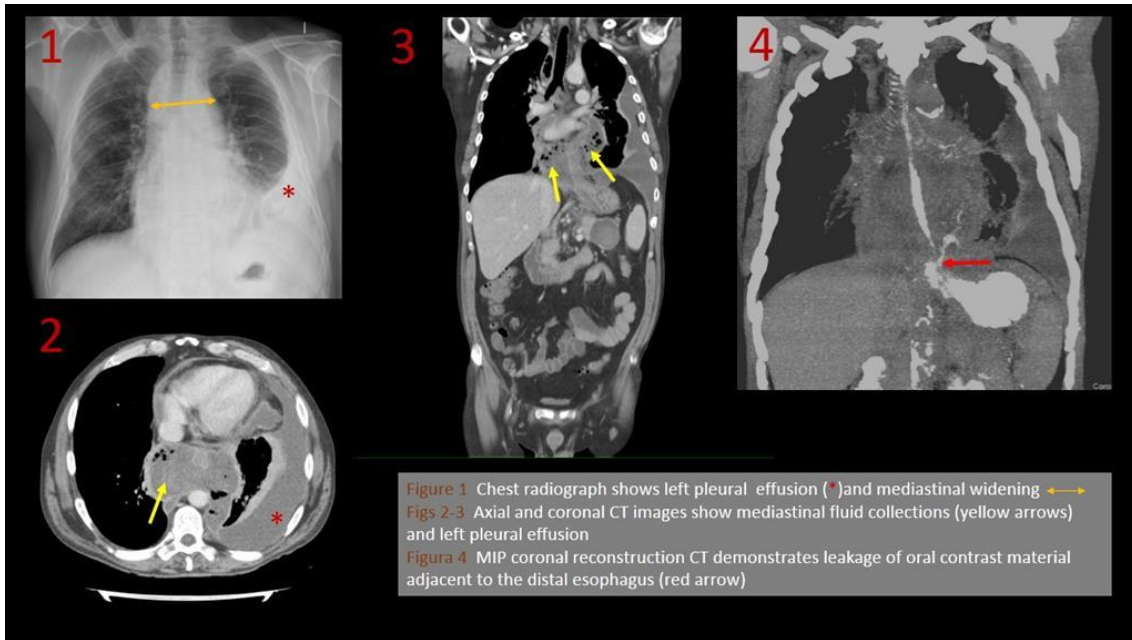
DISCUSSION

Boerhaave syndrome was first described in 1724. It refers to a spontaneous esophageal rupture secondary to forceful vomiting and retching. Males suffer this condition more than females, especially in the 40 to 60 year age range, with alcoholism a risk factor. Anatomically, the distal left posterior wall of the esophagus, just above the diaphragm, is the most common site of rupture which results in pneumomediastinum and left pleural effusion.

Boerhaave syndrome is similar to Mallory-Weiss tear. However the Mallory-Weiss tear is a longitudinal mucosal laceration whereas the tear in Boerhaave syndrome is an acute rupture (transmural). Other possible causes of noniatrogenic esophageal perforation include caustic and infectious esophagitis, Barret syndrome, esophageal cancer, foreign body impaction.

CONCLUSION

CT findings associated with several risk factors (alcoholism and forceful vomiting and retching) facilitates the accurate and prompt diagnosis of Boerhaave syndrome and contribute to a more successful outcome.



BIBLIOGRAPHY

-Young C, Menias C, Bhalla S, Prasad S. CT Features of Esophageal Emergencies. RadioGraphics 2008;28:1541-1553.

-Ghanem N, Althoefer C, Springer O, Frurtwangler A, Kotter E, Schafer O et-al. Radiological findings in Boerhaave's syndrome. Emerg Radiol. 2003;10 (1): 8-13.