

# Black Esophagus!

## A Devastating Sequela of Complete Heart Block

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### PRESENTATION

- A 75-year-old female presented after a syncopal episode.
- EKG showed complete heart block.
- Emergent transvenous pacer was placed given cardiogenic shock
- Device was upgraded to permanent pacer once stabilized.

### COMPLICATION

- Unfortunately, the patient decompensated with new altered mentation.
- Labs revealed sudden anemia - hemoglobin 6.9 g/dL down from 10.1 g/dL.
- She began having melanic stools with hemodynamic instability requiring pressor support.
- Emergent bedside EGD was performed.

### EGD FINDINGS

- Diffuse circumferential panesophageal black mucosa.
- Severely ulcerated stomach and duodenum.
- No visible vessel or active bleeding was identified.
- Findings consistent with ischemic injury.
- \* Unfortunately, endoscopic images were not able to be saved.

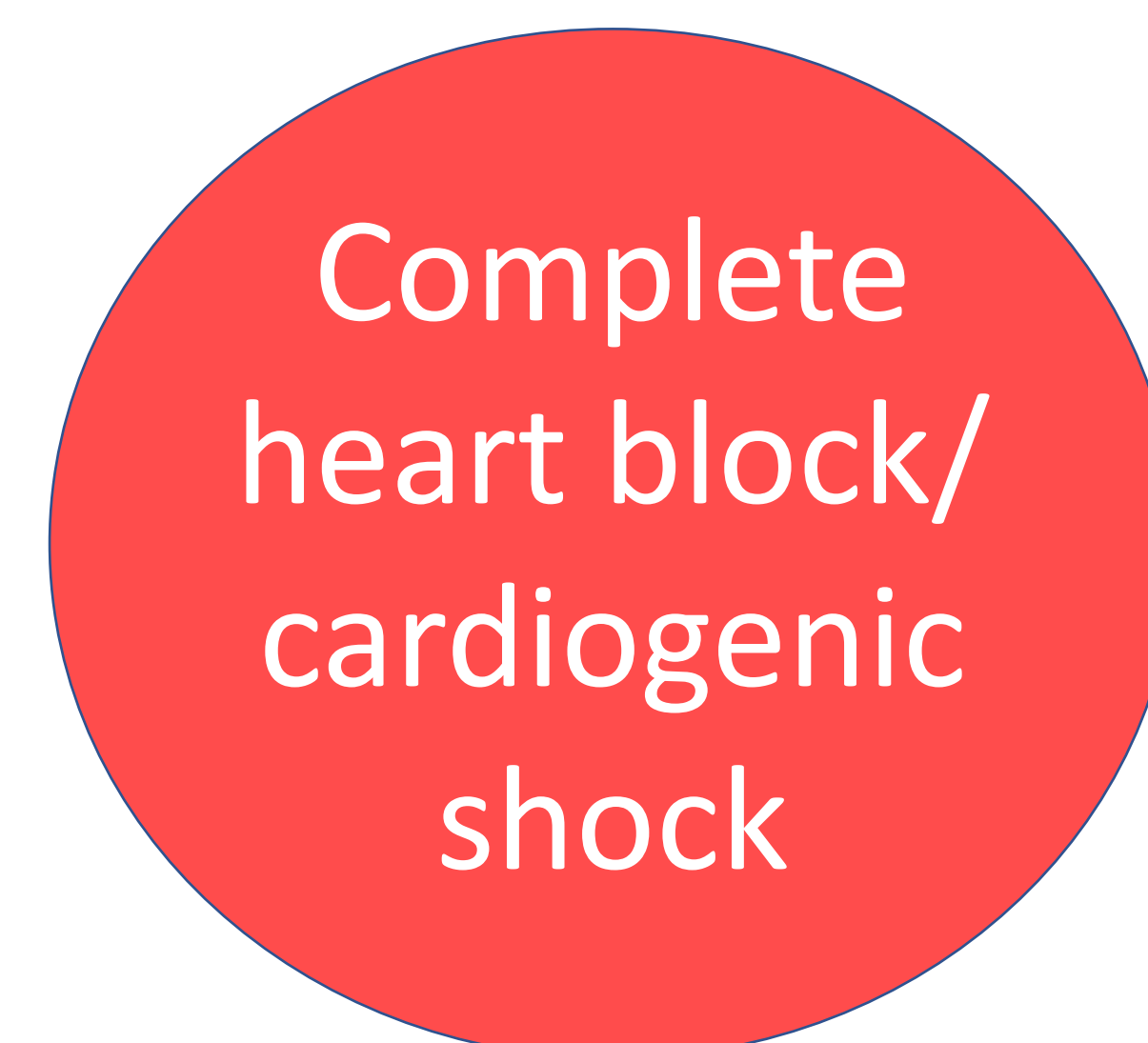
### OUTCOMES

- Patient continued to have melanic stools requiring frequent transfusions.
- Unfortunately, a NM bleeding scan was unable to localize source of bleed.
- A goals of care discussion was held with the family who opted for hospice care.

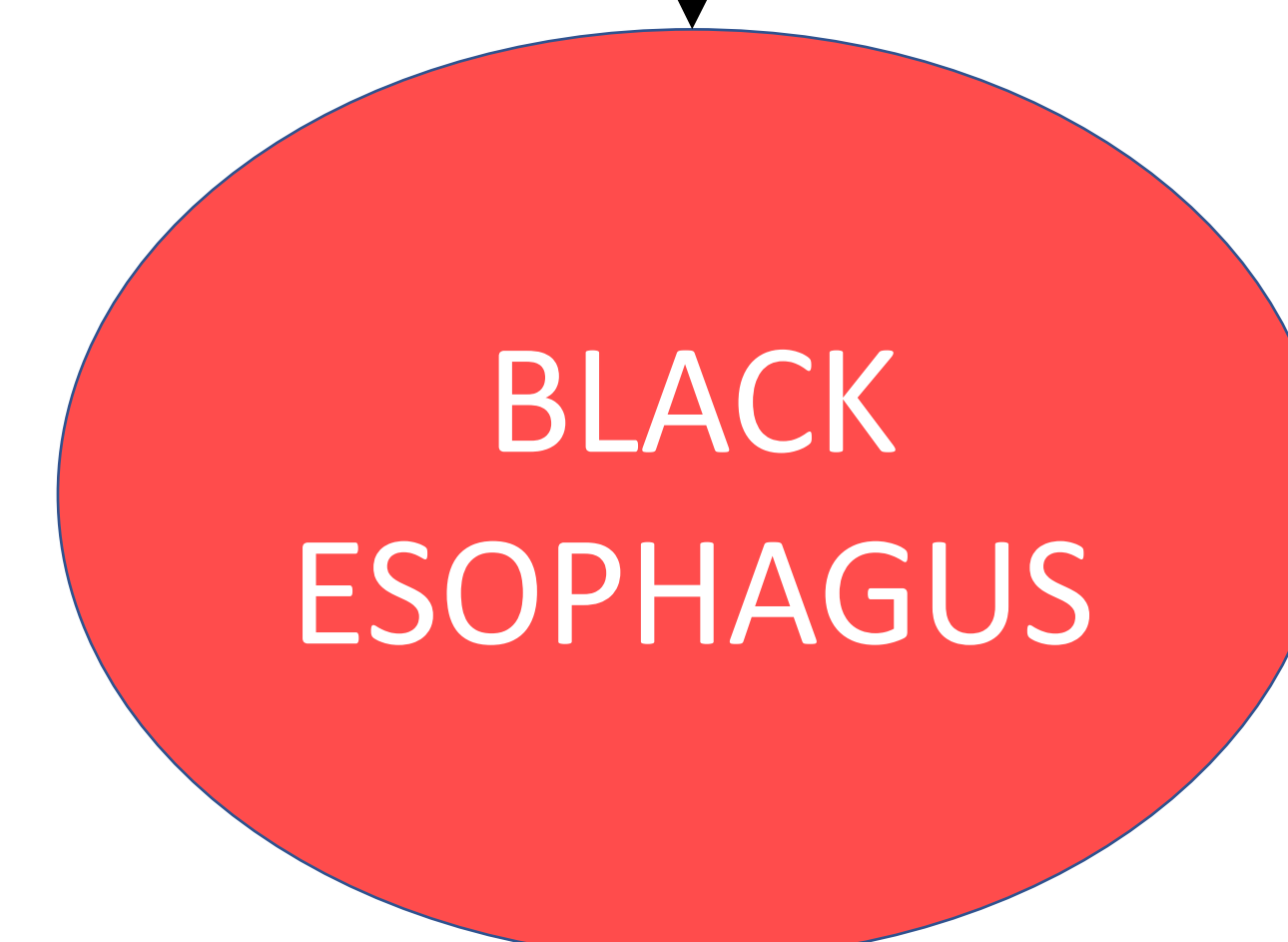
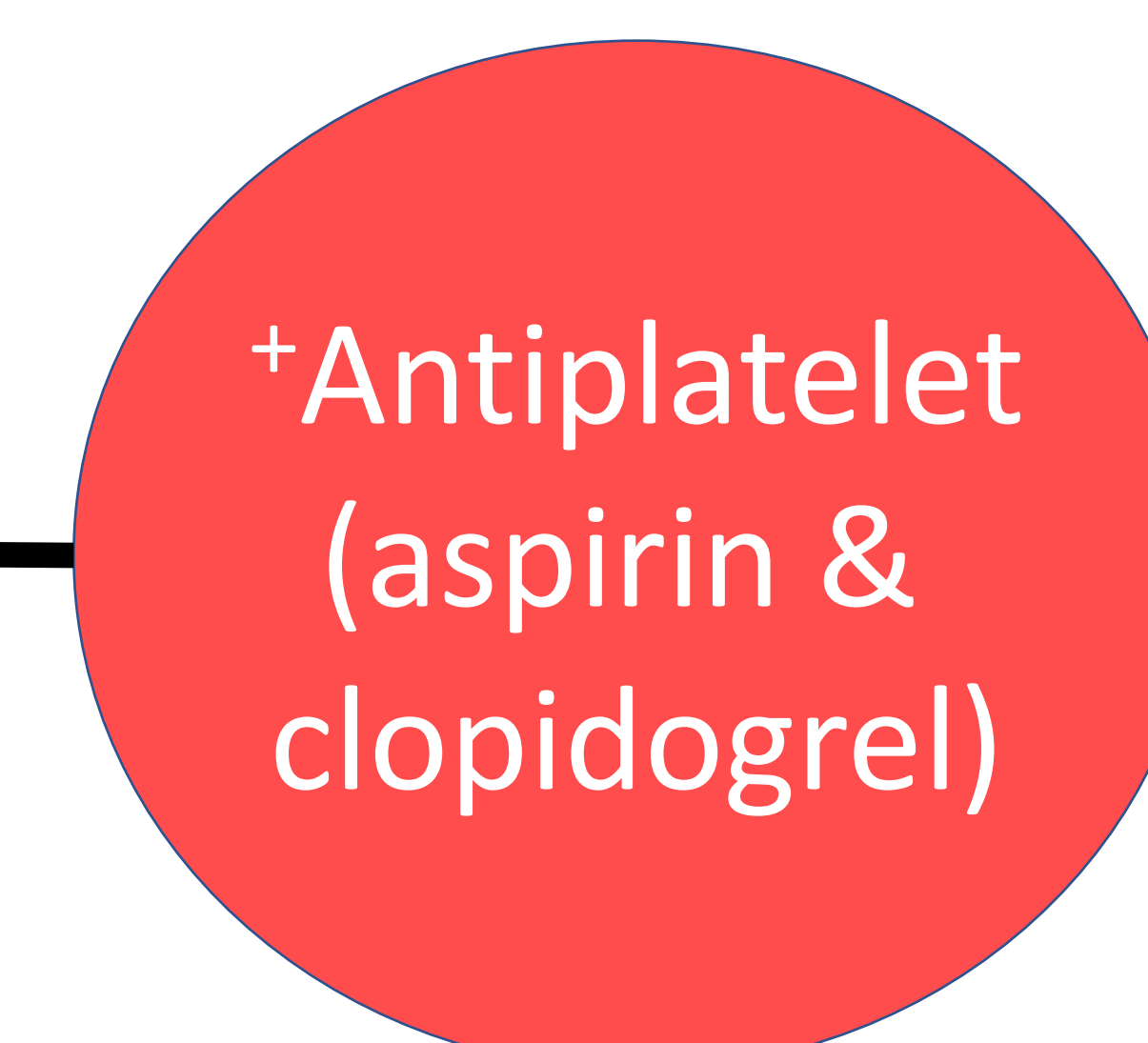
### DISCUSSION

- Pathophysiology is thought to involve a two-hit sequence where the initial insult predisposes to injury caused by a second insult.
- Treatment is largely supportive, and prognosis is poor with mortality rates ranging from 13-35%.

### PRIMARY INSULT



### SECONDARY INSULT



\*Patient was started on antiplatelets given concern for acute coronary syndrome.

### CONCLUSION

One should consider black esophagus as part of their differential for GI bleed given the potential for devastating consequences.

### REFERENCES

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