MHS

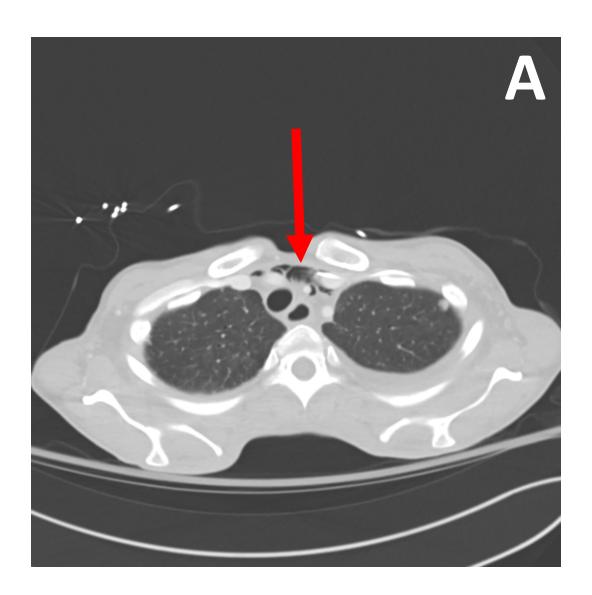
Military Health System

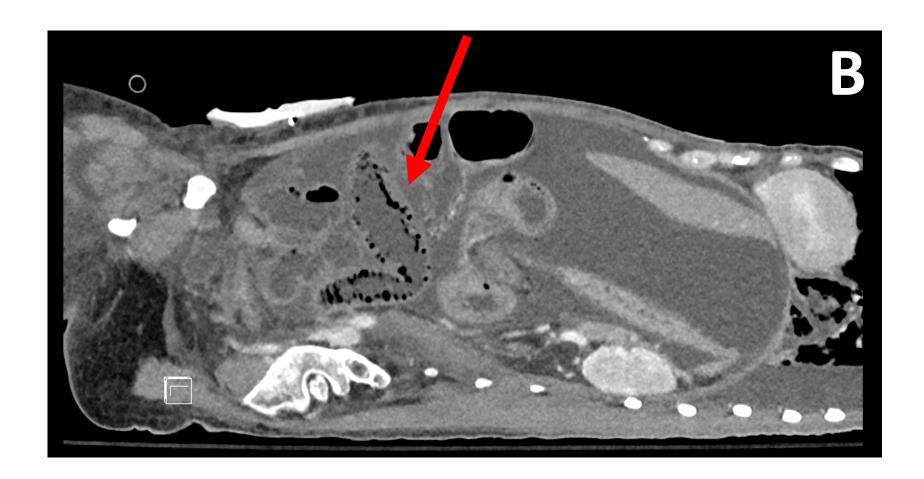
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### INTRODUCTION

Acute esophageal necrosis (AEN), commonly referred to as black esophagus due to the striking circumferential blackening of the esophageal mucosa, is a rare clinical condition with a prevalence of up to 0.2%. The etiology is unclear but thought to involve the interplay of ischemia and gastric outlet obstruction with gastroesophageal reflux. As this condition carries a mortality rate of nearly 40%, prompt identification and aggressive management are of the utmost importance to prevent perforation or stricture. Considering this, AEN should be recognized as a possible outcome of an ischemic event and considered a potential cause of spontaneous esophageal perforation.





CT images demonstrating (A) pneumomediastinum and (B) pneumatosis intestinalis. Endoscopy images depicting (C and D) diffuse esophageal necrosis.

# **DISCUSSION/CON**

Critically ill patients often experience low flow states, poor nu repair mechanisms. Coupled together, these insults increase the acknowledged as a possible complication in this patient popula perforation, this rare condition is often fatal.

**Disclaimer:** The views expressed in this presentation are those of the author(s) and do not necessarily reflect the official policy of the Department of Defense or the U.S. Government.

#### **Acute Esophageal Necrosis: Low Flow Leading to Darkness**

## CASE TIMELINE

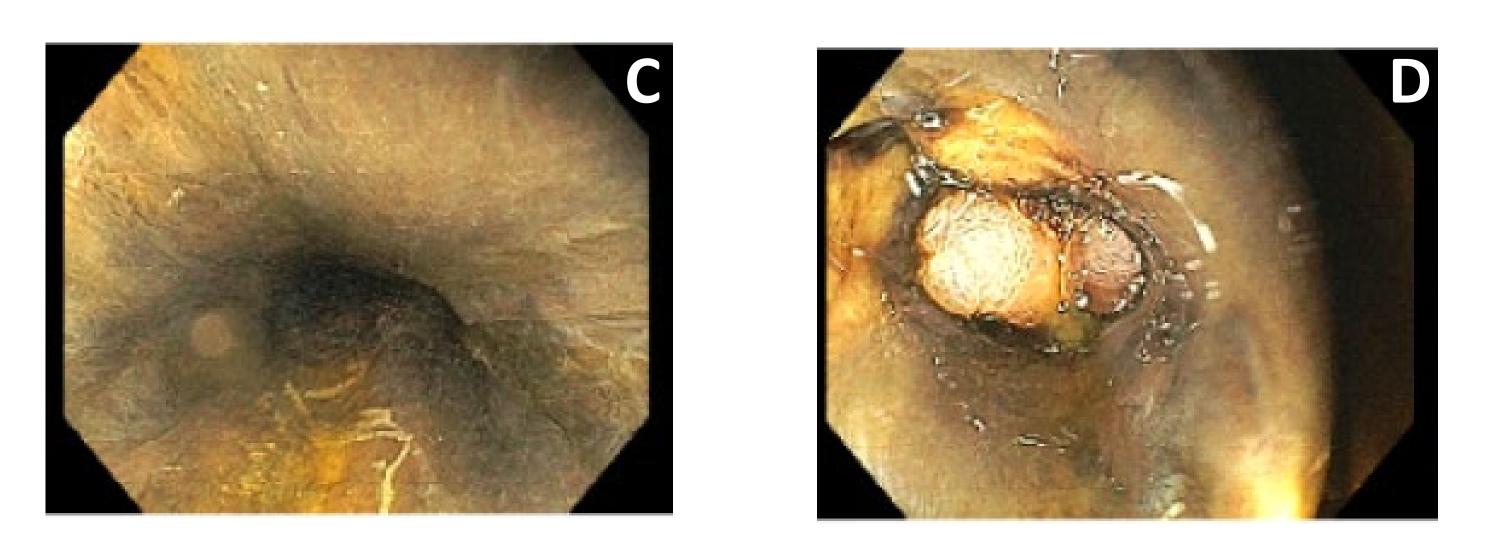
43-year-old woman with a history of epithelioid hemangioendothelioma status post resection, Crohn's colitis in remission, and recent hospitalization for a complicated UTI complicated by cardiopulmonary arrest presented to the emergency room 8 days after discharge for a near syncopal episode.

Patient was hypotensive and tachycardic requiring three vasopressors, intubation, and empiric antibiotics.

Esophageal perforation suspected based on imagi Endoscopy with covered placement planned by GI

CT scan of the chest, abdomen, and pelvis showed pneumomediastinum and pneumatosis intestinalis.

Endosco esophage ischemic



ICLUSION		
utritional status, and disruption of the intrinsic	1.	Etie Ma
the risk of developing AEN and must be	2.	Go Fel
lation. When severe enough to lead to	3.	Kha the
	4.	Gu Jul



ging. stent I.	findings are	Stenting is aborted and the findings are discussed with the patient's family members.		
	•		•	
opy revealed a black gus consistent with an c process.		pursued and t	Comfort measures are pursued and the patient died the following day.	

## REFERENCES

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