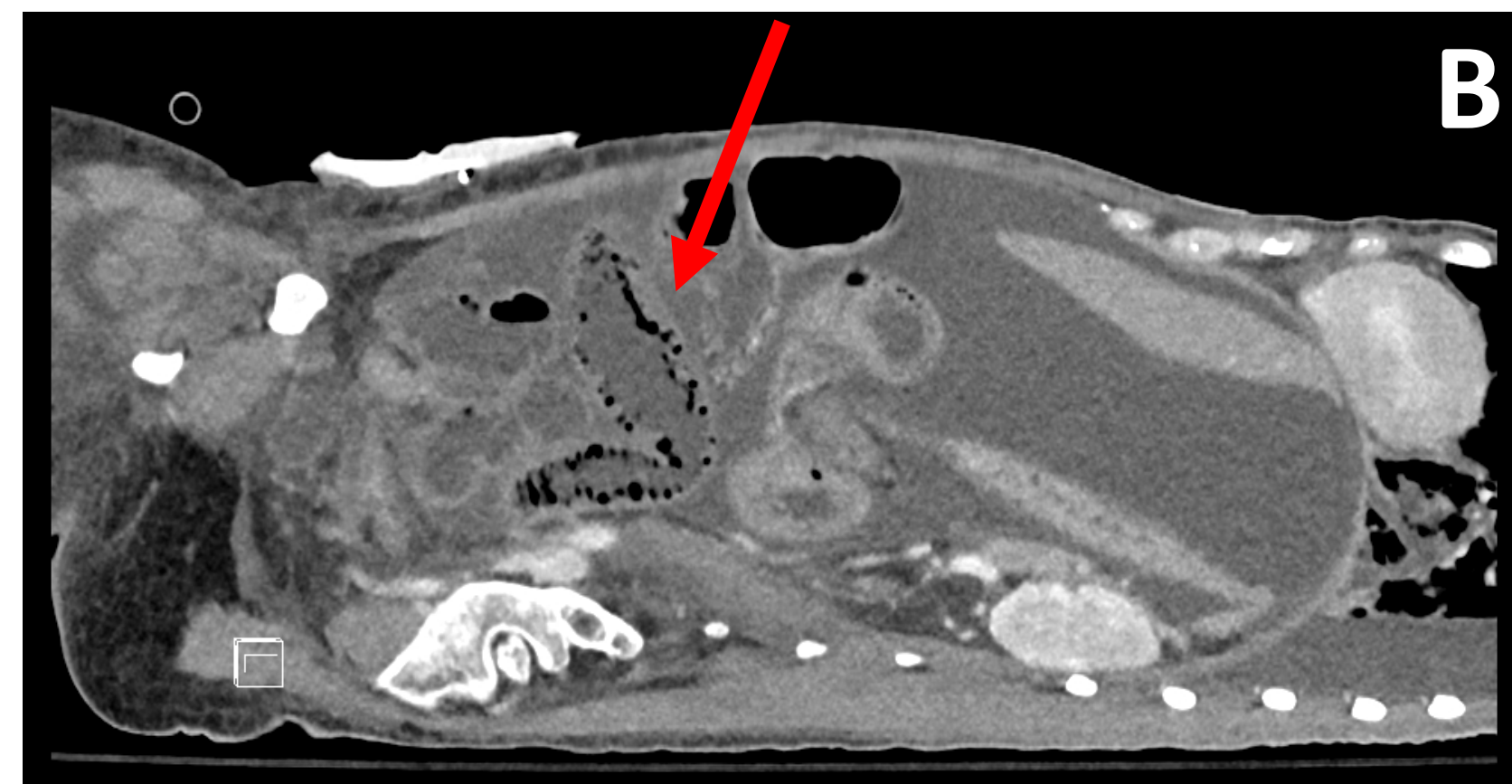
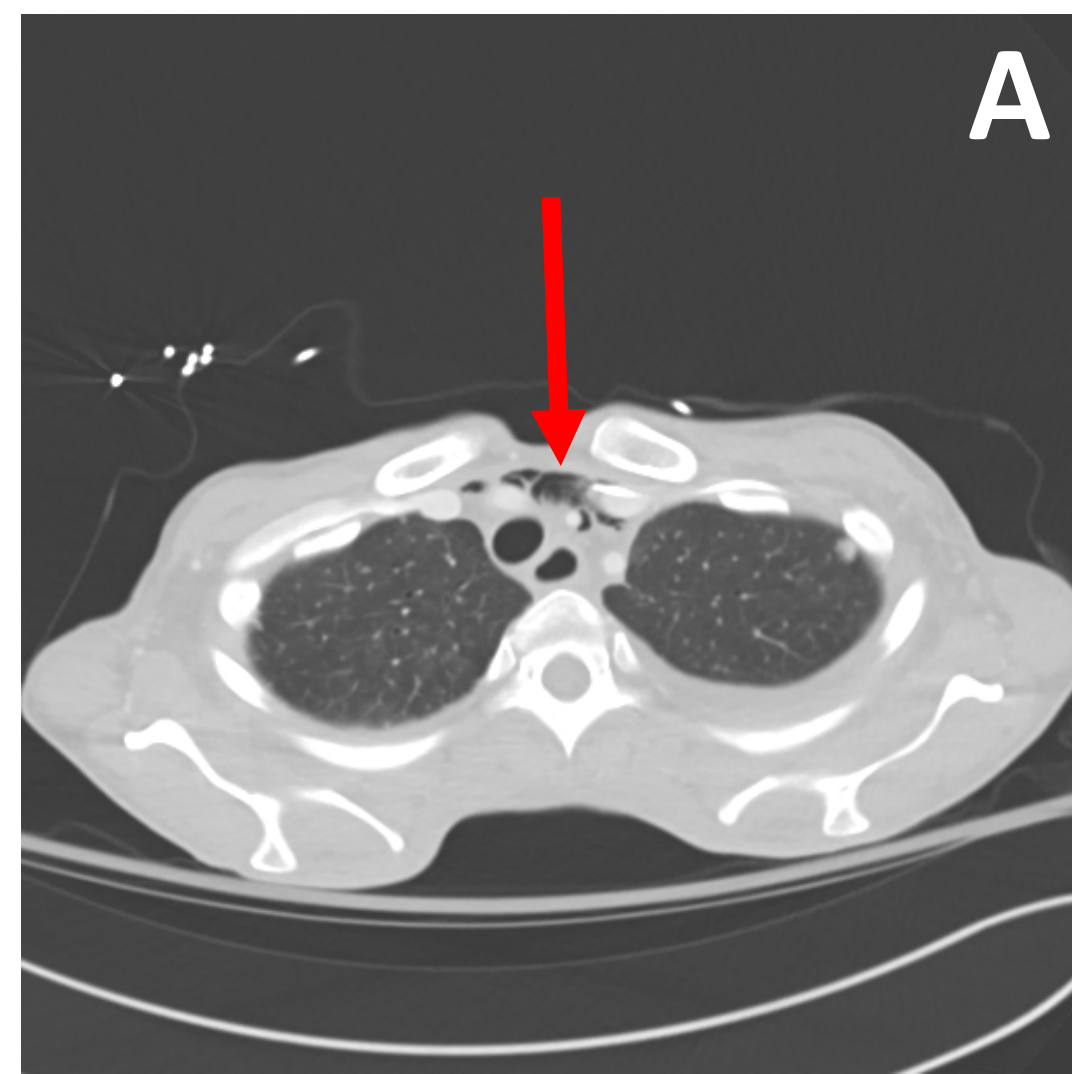


## INTRODUCTION

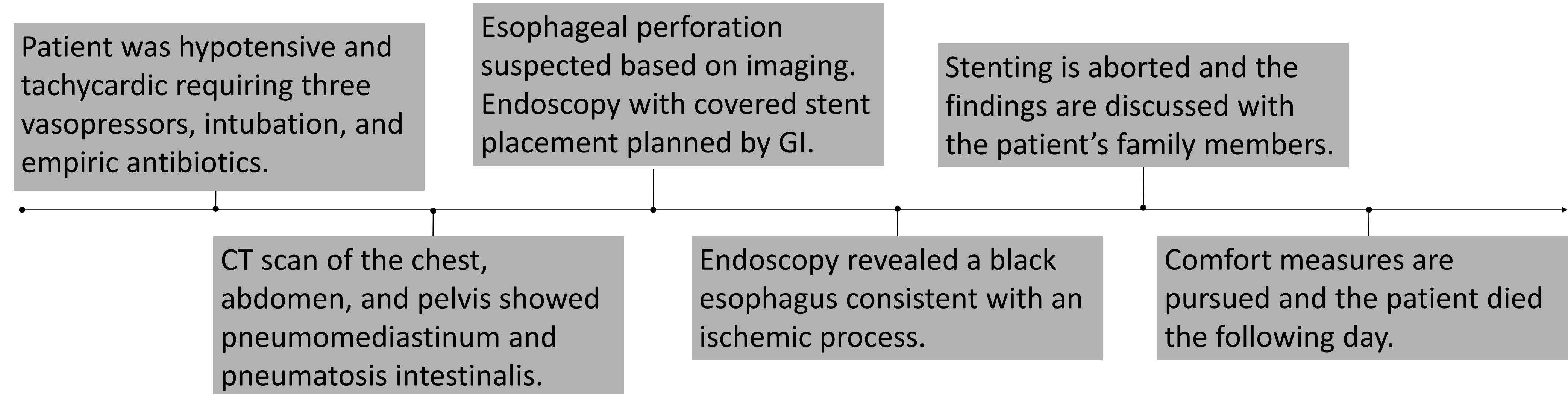
Acute esophageal necrosis (AEN), commonly referred to as black esophagus due to the striking circumferential blackening of the esophageal mucosa, is a rare clinical condition with a prevalence of up to 0.2%. The etiology is unclear but thought to involve the interplay of ischemia and gastric outlet obstruction 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.

## 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.



## DISCUSSION/CONCLUSION

Critically ill patients often experience low flow states, poor nutritional status, and disruption of the intrinsic repair mechanisms. Coupled together, these insults increase the risk of developing AEN and must be acknowledged as a possible complication in this patient population. When severe enough to lead to perforation, this rare condition is often fatal.

## REFERENCES

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