To the Editor:
A 45-year-old male patient presented to our clinic, with difficulty swallowing and throat pain. He claimed that his symptoms commenced after an upper endoscopic procedure (which was performed for dyspepsia a month earlier) in which gastritis and a normal esophagus were reported. According to the patient’s account, the endoscopist had removed the scope too quickly when concluding the procedure.

Upper endoscopy was performed at our clinical during which laceration of the esophageal mucosa was observed at 22 cm (Figure 1a), along with an elevated linear lesion extending from 22 to 27 cm, resembling either downhill varices or submucosal hemorrhage (Figure 1b). No vascular anomaly was ascertained on a computed tomographic scan of the neck and thorax. The patient was started on esomeprazole (40 mg/day), and a repeat endoscopy 12 days later showed normal findings (Figures 1c and 1d). The patient’s symptoms had resolved.

The esophageal submucosal hematoma, which is also defined as esophageal hematoma or intramural esophageal hematoma, results from the submucosal dissection. It is rare and a benign condition. Sudden changes in the esophageal pressure, as occurs during uncoordinated movements while swallowing or vomiting, have been suggested to play a role in the pathophysiology. Ingested foreign bodies or hard food boluses may also cause esophageal hematoma (Lin, Eng, & Robbins, 2009). It can also result from trauma induced by foreign bodies or hard food boluses. But the term spontaneous should be used to describe cases in which no trauma (blunt or food induced) or iatrogenic injury (i.e., complications of central venous catheter insertion or endoscopic procedures) can be identified (Jalihal, Jamaludin, Sankarakumar, & Chong, 2008; Sanaka et al., 1998).

Hemorrhagic diathesis such as antiplatelet therapy, hemodialysis, and cirrhosis of the liver may contribute to the mechanism behind this entity. Endoscopic diagnosis is helpful to identify a giant, dark or purplish red superficial smooth protuberance in the lumen of the esophagus running in the direction of the long axis (Kise et al., 2001). Conservative treatment is successful in the vast majority of cases, with progressive resolution of the hematoma. Most of the patients are symptom free at 2 weeks follow-up (Hagel, Bicknell, & Haniak, 2007).

Sincerely,
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REFERENCES

