

Esophageal submucosal hematoma

Esophageal hematoma is a rare condition that can be spontaneous or secondary to trauma, toxic ingestion, or medical intervention.

Case reports

Marks and Keet reported a case of a spontaneous intramural hematoma of the esophagus in 1968 ¹⁾.

2016

Fujimoto et al present a case of an [esophageal submucosal hematoma](#) that developed after endovascular treatment for [coil embolization](#) for an [unruptured intracranial aneurysm](#). The patient had received antiplatelet therapy before surgery and anticoagulation therapy during surgery. The orogastric tube was removed at case end with sustained negative pressure. After surgery, the patient reported chest and back pain and was diagnosed with an esophageal submucosal hematoma. The hematoma might have been related to the [gastric tube](#) insertion or removal. Providers should keep in mind the possibility of this complication when a patient who was given antithrombotic therapy reports chest or back pain after surgery ²⁾.

2009

Hosoi et al experienced a case of submucosal hematoma of the esophagus noticed after [anterior cervical approach](#) between C7 and T1 for [ossification of the posterior longitudinal ligament](#) (OPLL). The patient was a 68-year-old man, and no abnormality was found in the preoperative examinations. Anesthesia was induced and maintained with [remifentanyl](#), propofol and vecuronium. Tracheal intubation was performed using fiberscope uneventfully, and [gastric tube](#) and esophageal stethoscope were inserted into the esophagus smoothly. The operation was completed in 7 hours and 10 minutes. When we removed the gastric tube and the esophageal stethoscope after the operation, no bloody secretion was noticed. The next day, the patient complained of melena, and gastrointestinal endoscopy showed a submucosal hematoma extending from the posterior wall of the cervico-thoracic border in the esophagus to the cardia. Submucosal hematoma of the esophagus is a rare complication. In this case, surgical procedure was suspected to have caused the hematoma, since the upper end of the hematoma corresponded to the surgical field ³⁾.

¹⁾ Marks IN, Keet AD. Intramural rupture of the oesophagus. Br Med J. 1968 Aug 31. 3(617):536-7.

²⁾ Fujimoto Y, Shirozu K, Shirozu N, Akiyoshi K, Nishimura A, Kawasaki S, Motoyama Y, Kandabashi T, Iihara K, Hoka S. Esophageal Submucosal Hematoma Possibly Caused by Gastric Tube Insertion Under General Anesthesia. A A Case Rep. 2016 Jun 30. [Epub ahead of print] PubMed PMID: 27467902.

³⁾ Hosoi R, Yokoyama T, Yatabe T, Hirohashi M, Yamashita K. [Case of submucosal hematoma of the esophagus noticed postoperatively]. Masui. 2009 Dec;58(12):1545-8. Japanese. PubMed PMID: 20055205.

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