



Clinical Image

Boerhaave's syndrome: A case of spontaneous oesophageal rupture

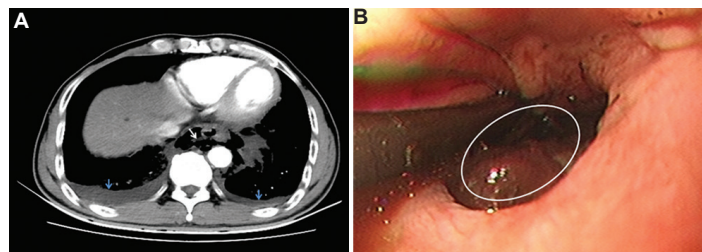


Figure. (A) Oesophageal rupture with air leakage into the mediastinum (white arrow) and bilateral pleural effusion (blue arrow). (B) Oesophagogastroscope was performed showing a full-thickness rupture of the oesophageal wall (circled area).

A 57 yr old male[†] was admitted to the emergency department of Northern Jiangsu People's Hospital, Jianglu Province, China, with epigastric pain after an episode of vomiting after he drank a bottle of beer in May 2018. Since he suffered from a peptic ulcer, abdominal computed tomography was carried out and emergency exploratory laparotomy was performed in order to repair gastric perforation. However, there was no sign of gastric perforation was found during the procedure. The occurrence of spontaneous gastro-oesophageal junction rupture, a special type of Boerhaave's syndrome (Figure A) was then considered. Oesophagogastroscope was carried out, revealing a lower oesophageal perforation extending up to the epicardia (Figure B). A diagnosis of Boerhaave's syndrome was made, the patient's vomiting due to drinking had precipitated gastro-oesophageal junction rupture. Surgical repair of the Oesophageal perforation followed by jejunostomy

were done. Postoperatively, the patient was transferred to the intensive care unit for further conservative treatment. He recovered after a 25-day hospital stay. Postoperative follow-up showed that he recovered well.

Conflicts of Interest: None.

Jian-Jiao Chen^{1,2} & Wei Zhao^{2,*}

¹Department of Colorectal & Anal Surgery, Jinhua Municipal Central Hospital, Jinhua Hospital of Zhejiang University, Zhejiang Province &

²Department of Gastrointestinal Surgery, Northern Jiangsu People's Hospital, Clinical Medical College of Yangzhou University, Jiangsu Province, PR China

**For correspondence:*
13004396890@163.com

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[†]Patient's consent obtained to publish clinical information and images.