

BLACK OESOPHAGUS: A CASE REPORT

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INTRODUCTION

Black oesophagus is a rare cause of upper gastrointestinal bleeding, first described in 1990¹, characterized by black esophageal mucosa at endoscopy². This rare condition, with a prevalence of 0.2% in autopsies and an incidence of 0.01-0.28% in patients undergoing upper digestive endoscopy (EGD), have a poor prognosis, with a mortality rate of 32%¹. More frequent in males, with an average age of 68 years³. We report a case of Black oesophagus in a young patient.

CASE REPORT

A 31 years old man, from São Paulo, with history of chronic alcoholic intake (1L vodka/day), smoking, cocaine use and diabetes, admitted at the emergency room hematemesis. At physical examination was conscious and oriented, jaundiced, pale, normotensive and tachypneic, showing a distended abdomen, painful on palpation in the epigastrium and mesogastrium, without signs of peritonism. Complementary exams with signs of acute renal failure, hyperkalemia and direct hyperbilirubinemia. Upper digestive endoscopy (FIGURE 1) showed acute esophageal necrosis and absence of active bleeding.

Clinical treatment was started with fasting, gastric acid blocker, antibiotic therapy (Ceftriaxone and Metronidazole) and support measures. A new EGD was performed on the 11th day of hospitalization with signs of acute esophageal necrosis. Despite intensive support and clinical treatment, the patient evolved with clinical deterioration, dysphagia, dyspnea, hemodynamic instability and death on the 14th day of hospitalization due to aspiration pneumonia.

DISCUSSION

Black oesophagus has a multifactorial etiology¹, associated with chronic

comorbidities and acute events that precipitate the condition. The most common triggering factors are: hemodynamic impairment, gastric obstruction, diabetic ketoacidosis, alcohol abuse, renal failure, esophageal infection, among others¹. Among the various factors found in the reported case, alcohol abuse stands out as the main factor associated with the condition in young patients³.

Diagnosis is performed with EGD showing black esophageal mucosa, which is more common in the distal esophagus³. Biopsy is performed if possible for differential diagnoses, but unnecessary for diagnosis¹. Surgical treatment is necessary in severe cases, associated with esophageal perforation, in the others, management of underlying diseases, support measures and blockage of gastric acid secretion². are recommended. New studies are needed to improve outcome, reducing the high mortality of this condition.

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