

# Mallory–Weiss tears occurring during upper gastrointestinal endoscopy

Iatrogenic Mallory–Weiss tears occurring during upper gastrointestinal endoscopy are rare and generally have a benign course (Montalvo and Lee, 1996).

A 51-year-old previous healthy woman presented with intermittent epigastric pain, but no vomiting, for 2 weeks. She underwent endoscopy 2 days later after a visit to the outpatient department. The oesophagogastric junction initially appeared normal without bleeding or any ulcers (*Figure 1*). When the endoscope advanced, the patient retched several times and fresh blood was found in the gastric cardia region (*Figure 2*).

A newly-developed mucosal tear ulcer was found at the oesophagogastric junction (*Figure 3*). The bleeding stopped after endoscopic haemostasis therapy. The patient was discharged in a stable condition 3 days later.

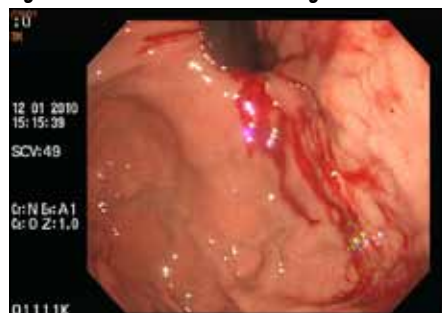
Mallory–Weiss syndrome is characterized by longitudinal mucosal lacerations in the distal oesophagus and proximal stomach. It is usually associated with forceful retching and increase in intra-abdominal pressure. Management of Mallory–Weiss tears is mostly supportive. Patients with

active bleeding should be treated with endoscopic haemostasis, such as multipolar electrocoagulation, heater probe or injection therapy (Younes and Johnson, 1999). The patient should be hospitalized for at least 48 hours because re-bleeding generally occurs within 24 hours of the initial therapeutic endoscopy. The patient should be treated with a proton pump inhibitor and antiemetics (Lecleire et al, 2010). **BJHM**

**Figure 1. No bleeding or ulcer at the oesophagogastric junction initially during upper gastrointestinal endoscopy.**

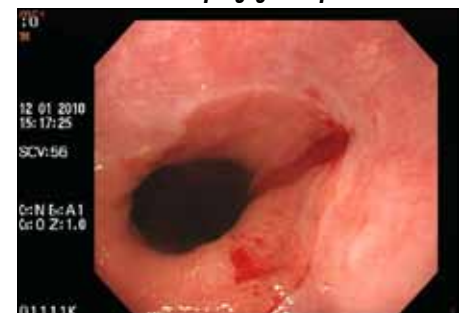


**Figure 2. Fresh blood found in the gastric cardia.**



Lecleire S, Antonietti M, Ducroté P (2010) Mallory-Weiss syndrome: diagnosis and treatment. *Presse Med* **39**(6): 640–4  
 Montalvo RD, Lee M (1996) Retrospective analysis of iatrogenic Mallory-Weiss tears occurring during uppergastrointestinal endoscopy. *Hepatogastroenterology* **43**(7): 174–7  
 Younes Z, Johnson DA (1999) The spectrum of spontaneous and iatrogenic esophageal injury: perforations, Mallory-Weiss tears, and hematomas. *J Clin Gastroenterol* **29**(4): 306–17

**Figure 3. A newly-developed longitudinal mucosal tear ulcer at the oesophagogastric junction.**



**Dr Tzu-Chiao Lin** is Resident in the Department of Medicine and **Dr Ching-Hui Shu** is Visiting Physician in the Division of Gastroenterology, Department of Medicine, Tri-Service General Hospital, National Defense Medical Center, Nei-Hu District, Taipei 114, Taiwan, ROC

Correspondence to: Dr C-H Shu  
 (zclin@ndmctsgh.edu.tw)