

# Acute oesophageal necrosis or ‘black oesophagus’

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A 62-year-old polymorbid woman presented to the emergency care unit with suspicions of gastrointestinal bleeding. Oesophagogastroduodenoscopy was performed, which showed a black-appearing oesophageal mucosa circumferentially occupying the entire lower two-thirds of the oesophagus; the changes stopped at the gastro-oesophageal junction, characteristic for ‘black oesophagus’ as Gurvits et al (2015), Averbukh et al (2018) and Abdullah et al (2019) have reported. Conservative treatment was started with rehydration, antibiotics, a proton pump inhibitor, low molecular weight heparin and total parenteral nutrition. Unfortunately, after an initial improvement in the patient’s condition, on the second day the patient had an ischaemic stroke in the left temporoparietal lobe and died.



**Figure 1.** Oesophagogastroduodenoscopy showed a black-appearing oesophageal mucosa circumferentially occupying the entire lower two-thirds of the oesophagus.



**Figure 2.** The mucosal changes stopped at the gastro-oesophageal junction and ‘coffee grounds’ materials were present in the stomach.

Acute oesophageal necrosis usually develops in older patients with comorbidities. The actual incidence of the syndrome is uncertain. In about two-thirds of cases, the condition presents with bleeding from the upper gastrointestinal tract. Mortality is high and is largely related to the underlying medical conditions.

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