

Spontaneous oesophageal haematoma with perforation masquerading as cardiac ischaemia

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An 86-year-old woman presented with chest pain, on the background of hypertension and hypercholesterolaemia. She was treated with dual antiplatelet therapy for suspected acute coronary syndrome, and treatment dose dalteparin for possible pulmonary embolism. A computed tomography pulmonary angiogram showed pneumomediastinum and an oesophageal mural mass, so oesophago-gastro-duodenoscopy was performed. At 25 cm, there was an extrinsic haematoma causing a luminal bulge and splitting the muscularis propria and mucosa (**Figure 1**). The scope could not be passed beyond 30 cm (adjacent to the haematoma). Computed tomography of the thorax and abdomen demonstrated a small walled-off paraoesophageal collection (**Figure 2**). This was in keeping with a spontaneous intramural haematoma causing perforation, precipitated by hypertension and anticoagulant medication. A jejunostomy was placed for feeding and delivery of antihypertensive medication. She made a full recovery, and no abnormalities were detected on repeat endoscopy.

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Figure 1. Computed tomography, showing walled off collection (arrow) adjacent to the oesophagus (with fluid and locules of free air).

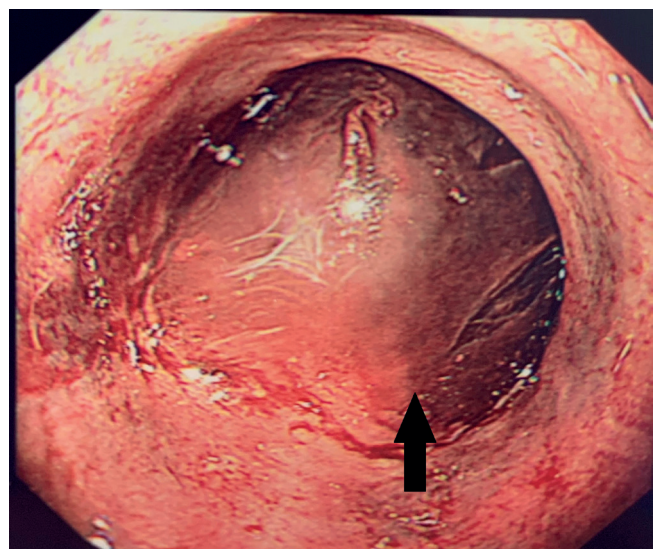


Figure 2. Oesophago-gastro-duodenoscopy showing the intramural haematoma (arrow).