Title: Disappearing Dysphagia and the Spontaneous Intra-Esophageal Hematoma

Introduction:
Dysphagia is a chief complaint with a differential diagnosis involving multiple mechanisms. The pathophysiology may involve mechanical, structural, or infectious etiologies. This case represents a rare case of spontaneous intra-esophageal hematoma (IEH) for a patient presenting with dysphagia.

A 73-year-old female, with a past medical history of atrial fibrillation on rivaroxaban, presented to the emergency department with a three-day history of sudden onset dysphagia to solids and liquids. Computed tomography angiography of her chest showed an esophageal mass in the mediastinum with upper esophageal distension (Images 1,2). Esophagogastroduodenoscopy showed severe extrinsic middle third esophageal stenosis (Image 3). Upper endoscopic ultrasound revealed a heterogenous esophageal mass within the submucosa and muscularis propria without invasion into the pericardium or aortic arch. Ultrasound-guided fine needle aspiration of the lesion resulted necro-inflammatory debris. Repeat computed tomography of the chest was ordered to further delineate the mass. Surprisingly, the mass and mass effect were no longer visualized. Instead, there was a small residual pre-esophageal collection of fluid and air that appeared to be communicating with the true esophageal lumen via a tract (Image 4). Repeat esophagogastroduodenoscopy discovered a small mucosal defect, suspicious for perforation or fistula in the location of previously seen stenosis (Image 5). Computed tomography esophagram with contrast found a persistent tract of air anterior to the true esophageal lumen without extravasation into the pre-esophageal lumen (Image 6). To rule out a source of thoracic bleeding, a chest computed tomography angiogram was ordered which revealed a blush of contrast from a mid-esophageal branch (image 7). By this time the patient's dysphagia and clinical status had improved. Interventional radiology performed a selective thoracic aortogram without any evidence of active bleeding. The patient was tolerating a regular diet, required no further interventions, and was discharged to a skilled nursing facility. These collective findings suggest a spontaneous esophageal artery bleed and the development of acute dysphagia secondary to intra-esophageal hematoma formation which ultimately decompressed via the esophagus.

Discussion:
Intramural esophageal hematoma (IEH) is an unusual esophageal injury and a rare diagnosis for a patient presenting with a primary complaint of dysphagia [(1)]. The typical presenting symptom of a patient with IEH is severe retrosternal chest pain [(2)]. IEH is commonly seen following blunt and penetrating trauma or a complication of an endoscopic procedure [(3)]. In patients who do not have a precipitating factor, the majority of spontaneous IEH occurs in patients who are anticoagulated [(4)]. This case is a unique example of a patient on anticoagulation presenting with a spontaneous intramural esophageal hematoma in the absence of trauma.

References

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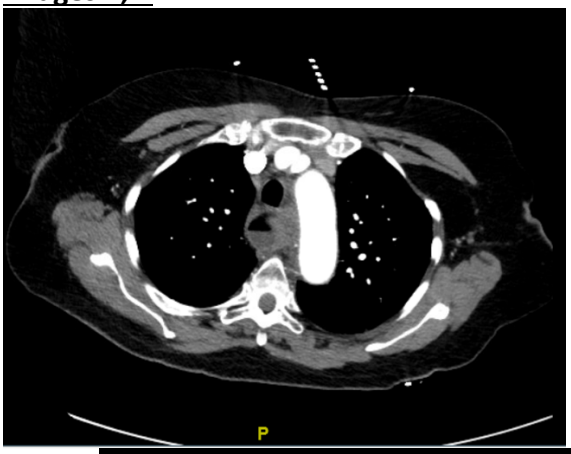
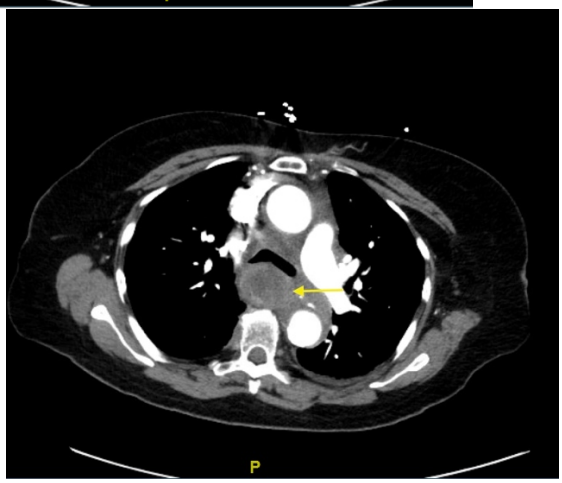
Images 1, 2





Images 3

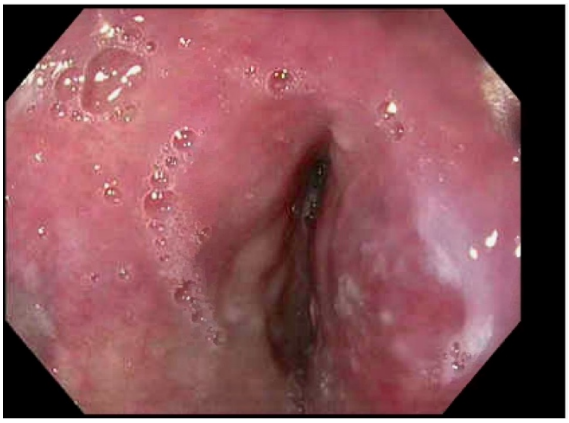


Image 4

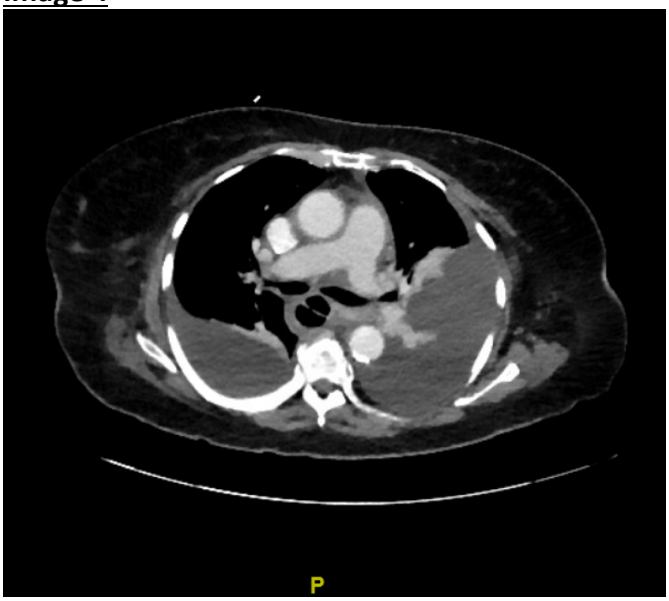


Image 5

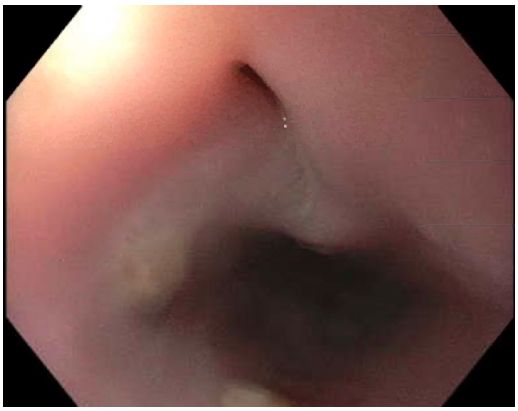


Image 6

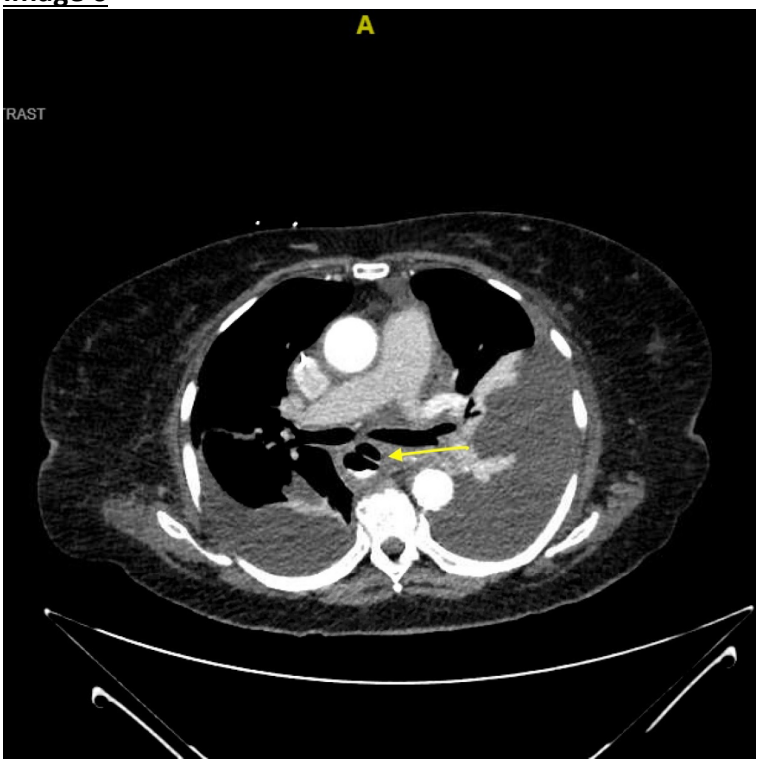
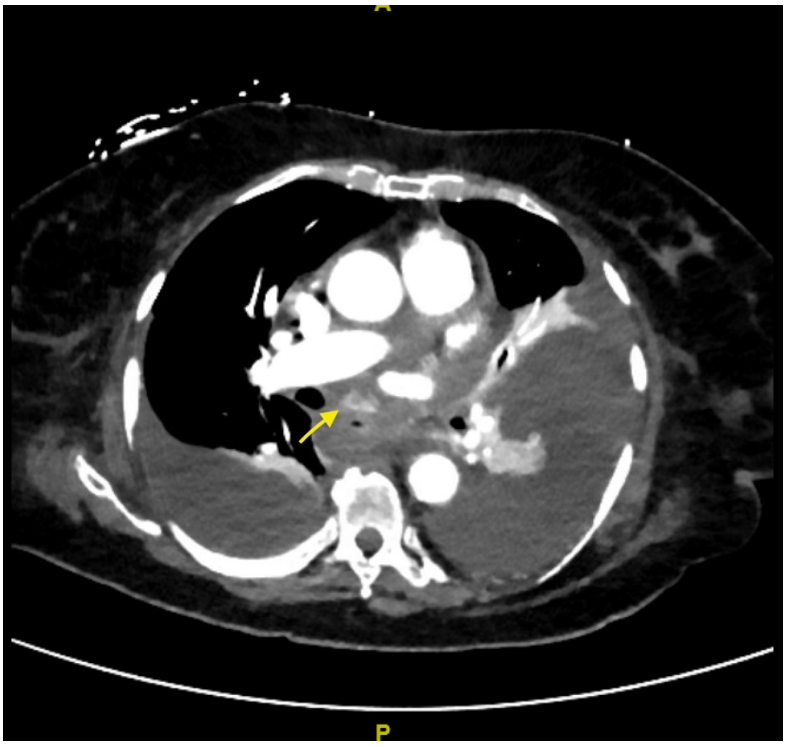


Image 7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