

A rare cause of hematemesis: Esophageal haematoma as a complication of subclavian puncture

Fatih Saygili¹, Saba Mukaddes Saygili², Mustafa Yilmaz³, Ahmet Nadir Yonetci³

(1) Turkiye Yuksek Ihtisas Education and Research Hospital, Department of Gastroenterology, Ankara, Turkey ; (2) Ankara University, Faculty of Medicine, Department of Intensive Care and Reanimation, Ankara, Turkey ; (3) Pamukkale University, Faculty of Medicine, Department of Gastroenterology, Denizli, Turkey

Dear Editor,

A 52-year-old female patient with chronic renal failure was admitted to the emergency unit with hematemesis and hypotension. She's been on haemodialysis for three years and a catheter insertion via the subclavian vein had been attempted without success some hours before admission. The patient had subcutaneous haematoma on the right side of the neck and chest wall (Figure 1), hypotension and tachycardia. Haemoglobin level was 7.5 g/dl, platelets and coagulation parameters were within normal range. Oesophagogastroduodenoscopy revealed that nearly the whole oesophageal lumen was filled with intramural haematoma and there was blood in stomach (Figure 1). Haematoma was on the right wall and extending to the esophagogastric junction and cardia (Figure 1). There wasn't any active bleeding so the patient didn't need any intervention. CT scan showed that the haematoma was restricted within submucosa of oesophagus and that there wasn't any sign of vascular association or active bleeding. Subsequent endoscopic evaluations showed that haematoma improved without any complications. The patient was then followed up as outpatient and at the end of three weeks, endoscopy revealed complete resolution of haematoma with normal esophageal mucosa (Figure 1).

Intramural Esophageal Haematoma (IEH) is an uncommon form of an esophageal injury. It may occur due to instrumentation, however, it can also present without any preceding event, and thus, the term spontaneous IEH (SIEH) may be used. The most common symptoms are chest pain and/or hematemesis. Also epigastric pain and odynophagia can be seen (1-4). The recommended examination is upper gastrointestinal endoscopy, which often reveals a friable mucosa with a bluish longitudinal hematoma, with or without evidence of mucosal breach. Endoscopic ultrasound may also be helpful in establishing the diagnosis (5).

SIEHs generally have a benign course and resolve within three weeks of conservative management.

Here we present a case with oesophageal haematoma due to a complicated subclavian puncture.

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Correspondence to : Fatih Saygili, M.D., Turkiye Yuksek Ihtisas Education and Research Hospital, Saglik Sokak, No: 4, Sihhiye/Ankara, TURKIYE
E-mail: fsaygili78@yahoo.com

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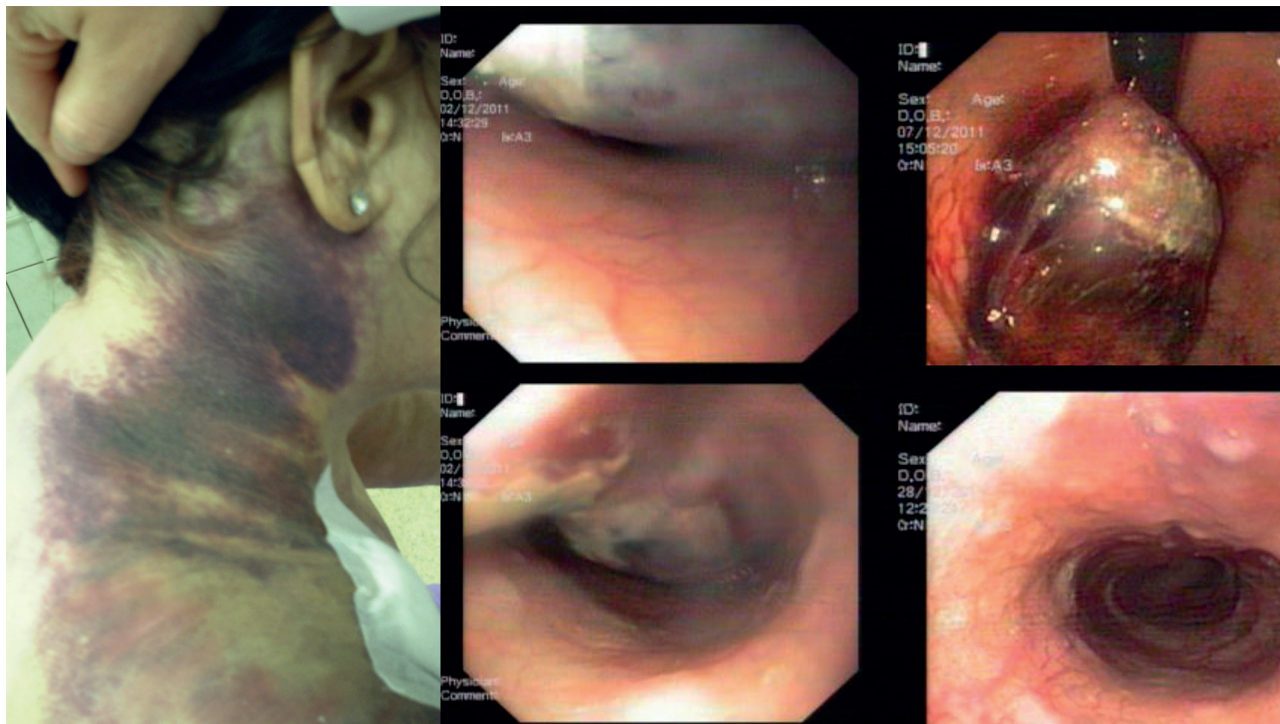


Fig. 1.