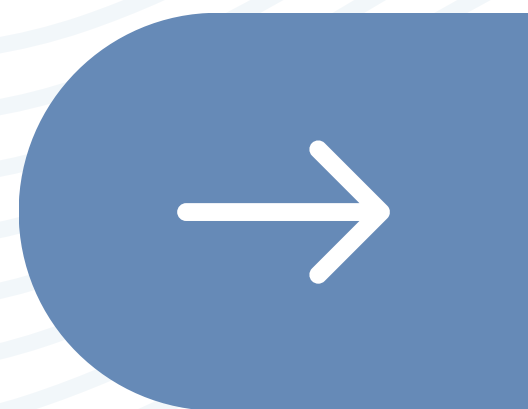


#DIBS BY NEXTILLO

DAILY INFORMATION BULLETIN SERVICE

BOERHAAVE SYNDROME





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DAILY INFORMATION BULLETIN SERVICE

BOERHAAVE SYNDROME

*Boerhaave syndrome refers to a **spontaneous rupture of the esophagus**, as a result of forceful vomiting or retching.*

Etiology:

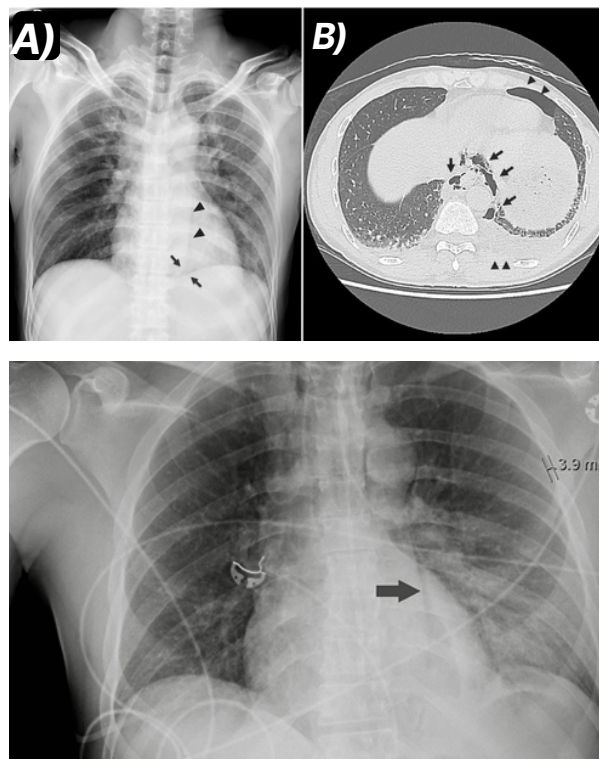
- ***Increased Intraluminal Pressure:*** Due to sudden and severe increases in intraluminal esophageal pressure during vomiting.
- ***Weakness of Lower Esophageal Sphincter:*** Weakened sphincter contributes to the vulnerability of the esophageal wall.





BOERHAAVE SYNDROME

RADIOLOGICAL SIGNS



(A) Chest radiograph showing *Naclerio's V sign*, which is the presence of air outlining the left, lower, lateral mediastinal border, with periaortic air streaks lateral to the descending aorta and above the left diaphragm. Naclerio's V sign confirms pneumomediastinum.

(B) Chest computed tomography scan showing *pneumomediastinum* and *left hydropneumothorax* suggestive of *esophageal rupture*.



CLINICAL FEATURES

Severe Chest Pain:

Sudden, intense *retrosternal pain* often following vomiting.

Subcutaneous Emphysema:

Air escapes into the mediastinum, leading to *subcutaneous emphysema*.

Dyspnea:

Respiratory distress occurs due to mediastinal involvement.

Shock:

In severe cases, *hypovolemic shock* develops.

Mackler's Triad:

- *Thoracic Pain*
- *Vomiting*
- *Cervical subcutaneous emphysema*



DIAGNOSIS

Imaging Studies:

- *Chest X-ray: Hydropneumothorax*
Esophageal Perforation: Shows extravasation of contrast from the esophagus.
- *CT Scan:* Provides detailed images of the chest, aiding in the assessment of mediastinal involvement and complications.

Physical Examination:

- *Subcutaneous Crepitus:* Palpation may reveal *subcutaneous emphysema*.
- *Thoracic Examination:* Signs of *pleural effusion* or *mediastinitis*.

Esophagogastroduodenoscopy (EGD):

- *May Be Delayed:* EGD is not typically performed immediately due to the risk of worsening the esophageal tear.
- *Can help assess the healing process and identify any residual strictures.*





MANAGEMENT

Depends on time of Presentation:

Within 24 Hours :

Golden Period of Repair :

Repair of perforation + ICD insertion + Feeding Jejunostomy

After 24 Hours :

Esophagostomy + ICD insertion + Feeding Jejunostomy





BOERHAAVE SYNDROME

Question :

A patient presents with sudden, severe retrosternal chest pain following forceful vomiting. Physical examination reveals subcutaneous emphysema. What is the most likely diagnosis?

- A) Gastroesophageal reflux disease (GERD)
- B) Boerhaave syndrome
- C) Esophageal stricture
- D) Mallory-Weiss tear

Answer:

B) Boerhaave syndrome

