MALLORY-WEISS SYNDROME TO BOERHAAVE SYNDROME – A SPECTRUM

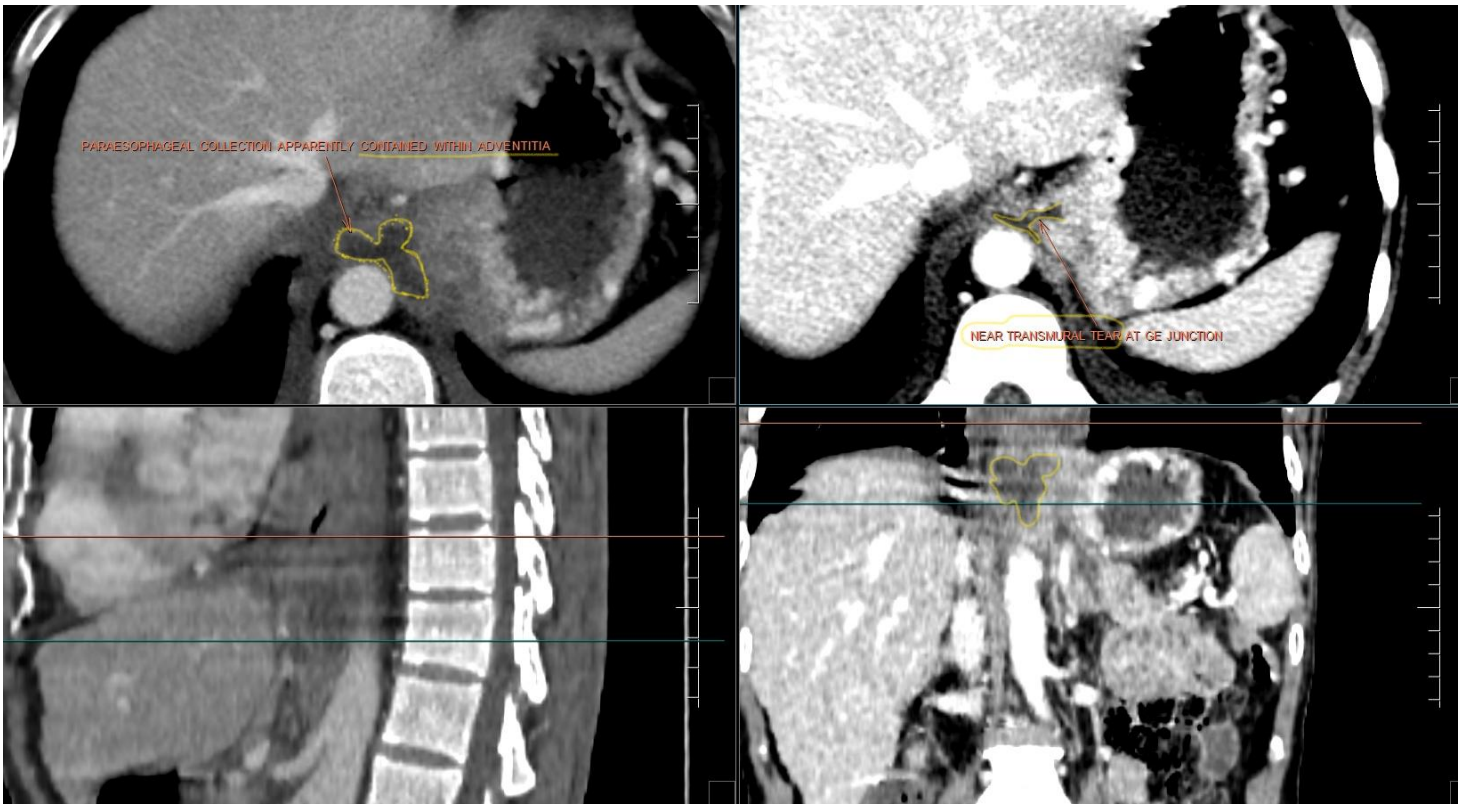
Mallory-Weiss syndrome is characterized by the presence of longitudinal superficial mucosal lacerations / tear occur primarily at the gastroesophageal junction , may extend proximally to involve the distal esophagus or distally to involve the stomach.

Boerhaave syndrome (spontaneous esophageal rupture) is a rare, though frequently fatal, event caused by a sudden increase in pressure intraluminal distal esophageal pressure leading to complete transmural tear generally associated with pneumomediastinum and mediastinal collections.

However sometimes, full-thickness rupture of the esophagus may occur superimposed on prior superficial tears (Mallory-Weiss syndrome) due to further triggering events (heavy alcohol ingestion) causing forcefull projection of gastric contents give rise to a complete transmural extension of the tear.

Here is a case of 40year old alcoholic male presenting 3rd time in a period of 6 months with hematemesis , chest pain , tenderness over thoracic region after heavy alcohol ingestion.

CT lower thorax and abdomen performed on a dual slice CT scanner demonstrates a linearly oriented transmural hypoattenuating tear is noted at GE junction level extends from mucosal surface to a wellcontained paraesophageal collection . Distal esophagus and GE junction is circumferentially edematous with high and low attenuation intramural areas. No evidence of pneumomediastinum or extra esophageal mediastinal collections.



CONCLUSION : This case was a lesson to us that 1. distal esophageal tears, may not always constitute a distinct entity (either Mallory weiss or boerhaave syndrome) and it could be a part of a spectrum of diseases and 2. A superficial esophageal tear may subsequently evolve into a full-thickness rupture following further triggering events.

MALLORY-WEISS SYNDROME TO BOERHAAVE SYNDROME SPECTRUM

Aetiology & risk factors : It occur due to repeated projection of gastric contents against the lower esophagus, causing mucosal and submucosal tears with involvement of the venous plexus. Frequently associated with *heavy alcohol ingestion.*

Other risk factors include hiatal hernia, hyperemesis gravidarum, and gastroesophageal reflux disease

Pathology : A superficial longitudinal laceration at distal esophagus / GE junction without transmural perforation (mallory-weiss syndrome). A deep laceration at distal esophagus / GE junction with complete transmural perforation leading to pneumomediastinum and medistinitis **(**Boerhaave Syndrome)