Dissecting intramural hematoma of the esophagus

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A 63-year-old woman, with no previous medical history, presented to the emergency room with severe retrosternal chest pain and shortness of breath. Her D-dimer level was raised at 1100 ng/mL. A pulmonary embolus was suspected, and she was administered a therapeutic dose of low molecular weight heparin. A computed tomography of thorax revealed a dilated esophagus and a dissecting intramural hematoma throughout its length (Figs. 1 and 2). On further questioning, she admitted that in the past, she had experienced difficulty swallowing, describing it as a “slow swallow” over 20 years. Prior to her acute presentation, she had taken a glucosamine tablet that lodged in her esophagus and precipitated retching. She was managed conservatively with complete clinical and radiologic resolution of the hematoma, but a dilated esophagus in keeping with pre-existing achalasia (Fig. 3).

Fig. 1 Axial image of computed tomography of thorax demonstrating intramural hematoma which is displacing the lumen of the esophagus to the right hand side of the patient.

Fig. 2 Coronal image of computed tomography of thorax showing the length of dissecting intramural hematoma and displaced narrowed lumen.

Fig. 3 Repeat computed tomography of thorax coronal image demonstrating complete resolution, contrast is filling lumen and there is no residual hematoma.