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## Spontaneous esophageal submucosal hematoma

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Dear Editor,

A 57-year-old woman presented to our hospital with chest distension, sore throat and back discomfort beginning the previous day after taking 5 panax notoginseng capsules. She had a history of hypertension for more than 2 years. Physical examination was unremarkable. Blood tests revealed results: A red blood cell count of 4.27T/L, a platelet count of 296G/L, a hemoglobin count of 130 g/L (130-175 g/L), and a D-dimer count of 0.252 mg/L. Endoscopy showed a longitudinal dark red submucosal hematoma (SH) extending from 20 cm down to 36 cm, with no active bleeding (Figure 1A). The next day an enhanced CT of the chest showed uneven thickening of esophageal wall suggestive of intramural esophageal hematoma (Figure 1B). A second endoscopy was performed 6 days later, and it showed an esophageal ulcer where the hematoma had been seen at the previous part (Figure 1C). The patient was treated with a proton pump inhibitor (PPI) and nutritional support while oral intake was completely prohibited. Her symptoms gradually improved and disappeared. She was discharged one week after the second Upper GI endoscopy when she was able to eat liquid diet. After discharge, she continued the PPI and Kang Fuxin for 2 months. During the 4-month follow up, the symptoms did not recur.

## Discussion

Esophageal submucosal hematoma was first reported by Williams in 1957[1]. Computed tomography (CT) and gastroscopy are effective methods for defining SH [2]. Wu Y et al [3] reported a spontaneous esophageal SH was treated by endoscopic submucosal dissection (ESD) which was diagnosed with an esophageal submucosal tumor. Most patients were managed with conservative treatment, such as fasting, acid suppression, protecting the esophageal and nutritional support.

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