

Title:

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A rare cause of esophageal mucosal and submucosal lesions

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Dear Editor,

A 45-year-old male was admitted with palpitations, chest discomfort and a swallowing obstruction of one hour duration after chewing a betel nut. The symptoms appeared within five minutes. His physical examination was unremarkable other than tachycardia and the results of routine laboratory testing were within the normal limits. An electrocardiogram showed sinus tachycardia (ST) and the echocardiography was normal. The patient was given routine oxygen, intravenous fluids and electrolyte replacement therapies. The symptoms of palpitation and chest discomfort were relieved after 30 minutes. However, the swallowing obstruction was not alleviated. The esophagogastroduodenoscopy showed a longitudinal hematoma and multiple superficial ulcers located 20 cm from the incisors down to the gastric cardia (Fig. 1A). Subsequently, an endoscopic ultrasonography (EUS) was performed, showing that the longitudinal hematoma originated from the submucosa (Fig. 1B). The swallowing obstruction was resolved after one week and re-examination by esophagogastroduodenoscopy showed healing of the esophageal lesions.

Discussion

Betel nut chewing is common in many areas and is known to be harmful to humans,

especially due to the increased risk of oral carcinoma. However, few are aware of its adverse effects, particularly in acute toxicity. A systematic review reported 17 cases of adverse events associated with betel nut chewing. Most of them occurred within minutes of betel nut ingestion and all occurred within one hour, including nausea, vomiting, dizziness and palpitations, as well as severe symptoms such as coma, respiratory failure and acute myocardial infarction (1). To our knowledge, this was the first case report of betel nut exposure contributing to an acute esophageal lesion.

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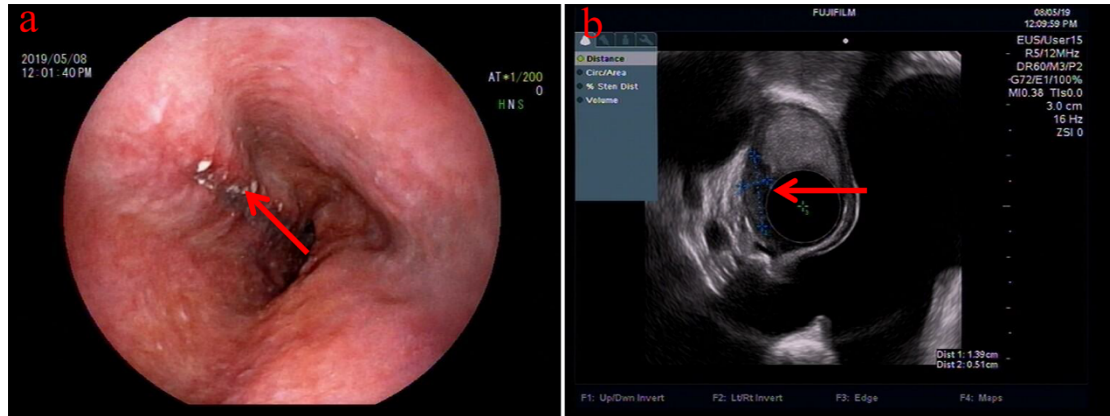


Fig. 1. A. Esophageal lesions located 20 cm from the incisors down to the gastric cardia. B. Submucosal hematoma.