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Black esophagus as an uncommon cause of gastrointestinal bleeding

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Dear Editor,

Black esophagus (BE) or Acute esophageal necrosis (AEN) is rare clinical entity with an estimated incidence of 0.01-0.2% of patients undergoing esophagogastroduodenoscopy (EGD) (1,2). BE is characterized by circumferential blackish coloration of the mucosa, with abrupt interruption at the esophagogastric junction level, secondary to hypoperfusion and ischemia (1). Upper gastrointestinal hemorrhage is the most common presentation (70-90%), being a rare cause of it (3). We present 3 cases that were admitted in our center for hematemesis.

1 - 73-year-old man with lung adenocarcinoma, without active treatment. In upper endoscopy BE was observed. We identified respiratory sepsis as the underlying cause after completing the diagnosis process.

2 - 85-year-old man, anticoagulated for pulmonary thromboembolism after COVID-19 infection. In urgent EGD we identified duodenal ulcers, causing GIB and AEN, presumably due to low output secondary to the previous condition.

3 - 61-year-old man with alcoholic cirrhosis, who was referred for hematemesis with 2 recovered cardiorespiratory arrests. An urgent EGD is performed, with application of Hemospray when finding AEN with active bleeding.

In the 3 cases, supportive treatment with PPI and bowel rest was established, presenting all of them favorable evolution, observing mucosal healing in the review upper endoscopy performed a month later.

DISCUSSION

BE is a serious pathology, with a characteristic endoscopic manifestation that allows its optical diagnosis with no need for biopsies. It is more frequent in 70’s year-old males and alcohol consumption, diabetes, thrombophilias and neoplasias are well-known risk factors (1-3). There are also described cases secondary to chemotherapy toxicity (4). The most affected area is the esophageal distal third because is less well vascularised
than the rest of the organ. Duodenal involvement is usually associated, such as duodenitis or ulcer, due to the existence of common branches of the celiac plexus (5).

It has a poor prognosis, with a mortality of 30%-50% (1,2). However, through an early diagnosis and the establishment of support measures, a favorable result has been achieved in the 3 exposed cases, with vascularization and normal esophageal mucosa recovery. It would be recommended a follow-up upper endoscopy in order to rule out complications as esophageal stricture (2).

REFERENCES:


FIGURE: Acute esophageal necrosis. Urgent gastroscopy of case 1 (A) and 2 (B) at their arrival, showing circumferential, necrotic appearing mucosa of the medium esophagus and extending up to the gastroesophageal junction. Resolution of the AEN showed in the review gastroscopy performed 30 days later (C: case 1; D: case 2).