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Image of the month

Boerhaave Syndrome Presenting as Gastric Emphysema *



Enfisema gástrico como presentación de síndrome de Boerhaave

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Fig. 3

A 77-year-old male with a history of chronic alcoholism came to our emergency room due to hypogastric pain that had progressed over the previous 12 h following several episodes of vomiting.

Laboratory analyses showed no alterations. However, the physical examination revealed generalized abdominal guarding and pain in the hypogastrium.

Abdominal CT scan demonstrated pneumatosis in the gastric wall extending to the distal esophagus, suggestive of emphysematous gastritis, and free fluid in the rectovesical pouch (Figs. 1 and 2).

Given this finding, emergency laparotomy was performed, during which a 2 cm perforation was found on the right anterolateral side of the distal esophagus with dissection of the wall by air. Sutures and a Dor fundoplication were carried out (Fig. 3).

After adequate progress while the patient was on the hospital ward, including initiation of oral intake and completion of antibiotic treatment, the patient was discharged 2 weeks after surgery.

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