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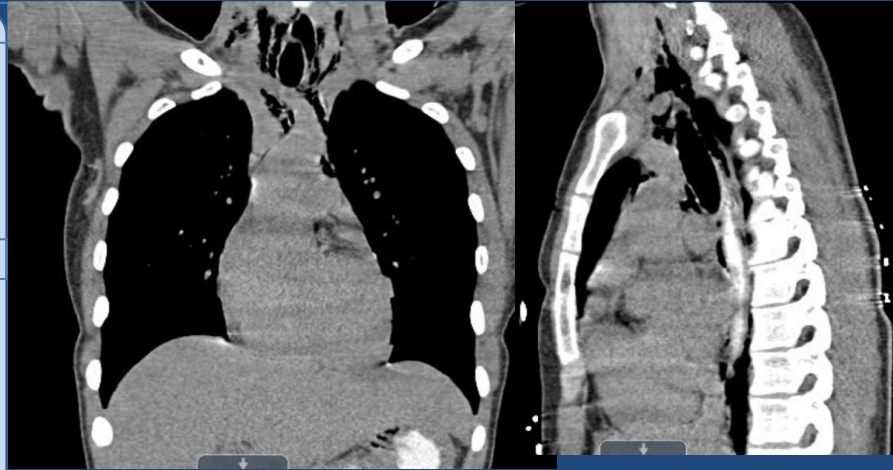
Introduction

Effort Rupture or Spontaneous Traumatic Esophageal Ruptures are medical emergencies that account for 16% of perforations to the esophagus due to increased intraluminal pressure.

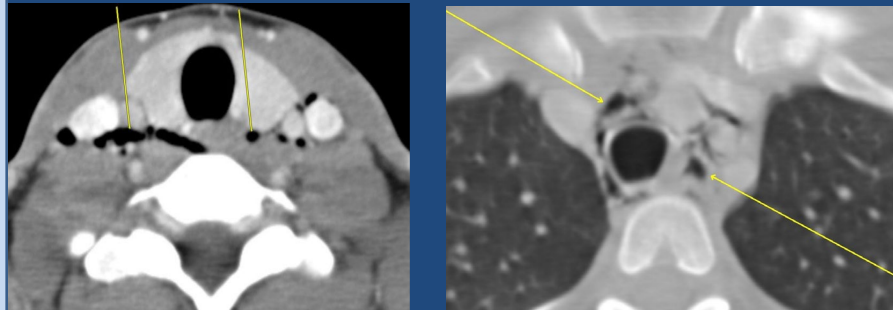
Hospital Course

20 year old female PMH of lactose intolerance and GERD presenting to the ED with 1 day of nausea and vomiting. Subjectively she states vomiting in the last 24 hours with consistency of stomach acid and streaks of blood. She had unintentional 10 kg weight loss over the last year, Episodes of vomiting for the last 5 years.

TPN initiated given solid foods are unsafe at this time, postponed endoscopy until control of pneumomediastinum. Gastroenterology and Thoracic Surgery aware of the patient but given the extent of the rupture, was transferred to higher level of care. Unfortunately left AMA.



Figures 1 & 2, Subcutaneous Air within the upper, mid and lower thirds of the esophagus without containment.



Figures 3 & 4, Axial images from CT of the Neck with IV contrast demonstrate pneumomediastinum (yellow arrows) with extension inferiorly into the neck.

Discussion

Boerhaave's presents in the classic Meckler triad of vomiting, chest pain, and subcutaneous emphysema.

Water Soluble Gastrografin for swallow evaluations to stop extravasation of barium fluid into the subcutaneous space.

Naclerio V sign is a radiographic finding specific to pneumomediastinum

Boerhaave syndrome is a condition that carries a mortality rate of 30 percent.

Medical Management is rarely indicated for upper and lower perforation however our patient left AMA increasing mortality risk.

Complications include pneumonitis, mediastinitis, pericarditis, empyema.

Conclusion

Boerhaave's is a surgical emergency