CLINICAL SNAPSHOT

Cervical Emphysema in Boerhaave Syndrome

A 70-year-old man presented with dyspnea, sinus tachycardia, fever, and poor general status after repeated vomiting with no obvious cause. His oxygen saturation was 82%. Chest radiography showed bilateral cervical emphysema together with signs of mediastinal emphysema (*Figure*). Thoracic computed tomography confirmed the mediastinal emphysema and revealed a pleural effusion. On the assumption of mediastinitis and threatened sepsis, calculated antibiotic treatment was initiated. Gastroscopy demonstrated a circa 2-cm long rupture of the distal esophagus, thus confirming Boerhaave syndrome and meaning that surgical treatment was indicated. The operation was performed via the transabdominal route, and the lesion was oversewn and covered with a fundus patch. Despite intensive care the patient died of sepsis. Boerhaave syndrome describes spontaneous perforation of all layers of the esophageal wall as a consequence of a sudden strong increase in intraesophageal pressure, as may occur in vomiting. The incidence is low; the mortality amounts to 10 to 40%. Boerhaave syndrome must be treated as a life-threatening emergency. The presence of soft tissue emphysema may be a valuable diagnostic sign.

PD Dr. med. Justyna Swol, Prof. Dr. med. Joachim H. Ficker, Klinik für Innere Medizin 3, Schwerpunkt Pneumologie, Universitätsklinik der Paracelsus Medizinischen Privatuniversität, Klinikum Nürnberg Nord, jswol@icloud.com

Dr. med. Bianca Mannke, Klinik für Innere Medizin 6, Schwerpunkte Gastroenterologie, Universitätsklinik der Paracelsus Medizinischen Privatuniversität, Klinikum Nürnberg Nord

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Orange arrows: Left thoracic mediastinal emphysema. White arrows: Bilateral cervical soft tissue emphysema. The opacity in the left lower field corresponds to a pleural effusion.