

# Unveiling The Mystery of The Black Oesophagus.



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## Introduction

Acute oesophageal necrosis is a rare condition with a prevalence of 0.01-0.28%. Its endoscopic hallmark appearance of circumferential diffuse blackish oesophageal mucosa gave rise to its monicker "Black Oesophagus". It is more common in men, and usually occurs in patients with malnutrition and numerous comorbidities. Although the aetiology is obscure, it is postulated that an ischemic state coupled with gastric outlet obstruction causes reflux injury to the oesophageal mucosa leading to this condition.

## Case Presentation

We report on a 77-year-old man who presented with vomiting coffee ground material, passage of melena and epigastric discomfort. He underwent an upper endoscopy which revealed circumferential diffuse blackish mucosa from the middle third of the oesophagus to the gastrooesophageal junction (Figures 1 & 2). The patient recovered with conservative management and a repeated upper endoscopy showed complete resolution (Figure 3).

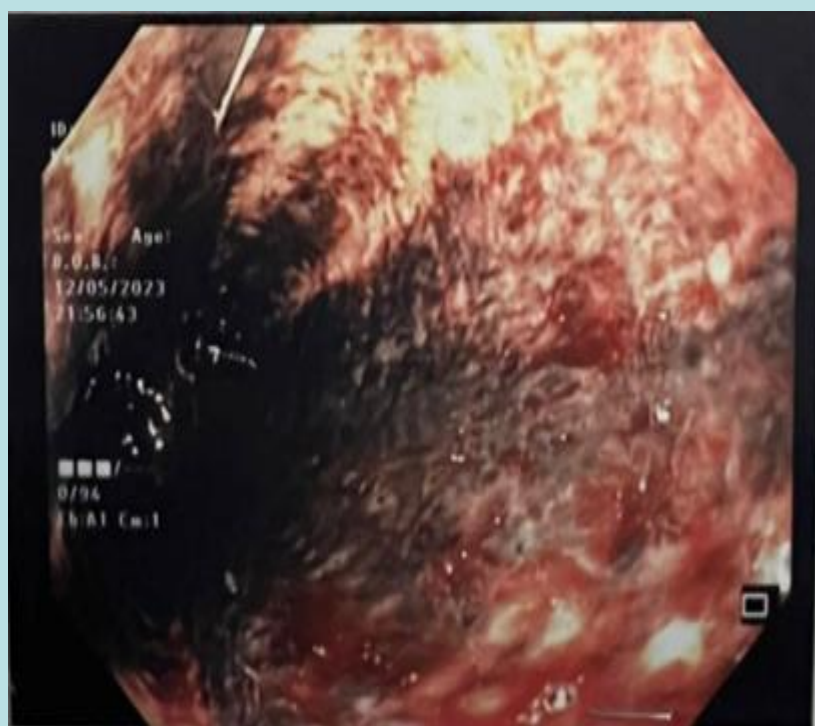


Fig 1. Circumferential diffuse blackish mucosa at mid 1/3 of the oesophagus

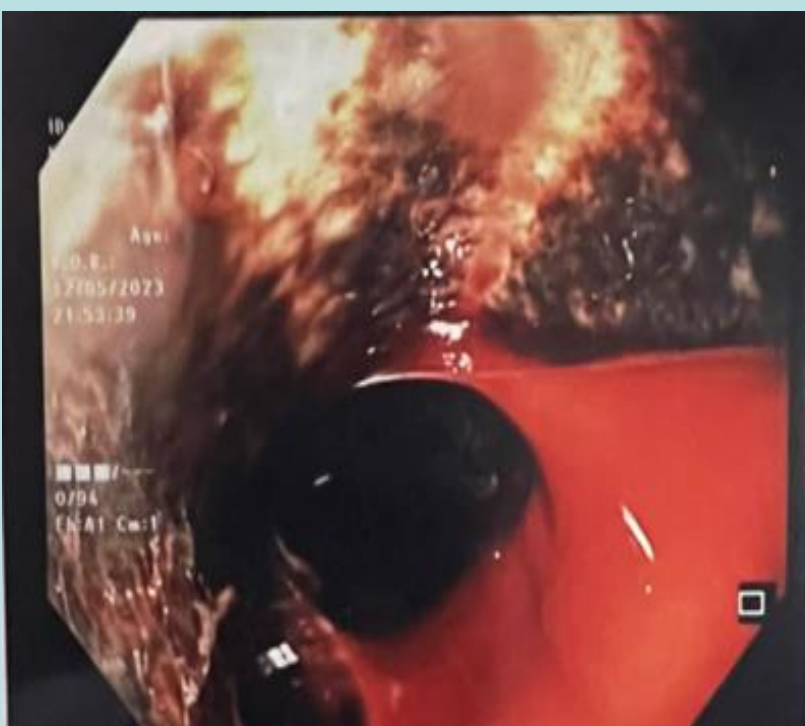


Fig 2. Presence of longitudinal mucosal breaks with exposed muscle and area of bleeding.

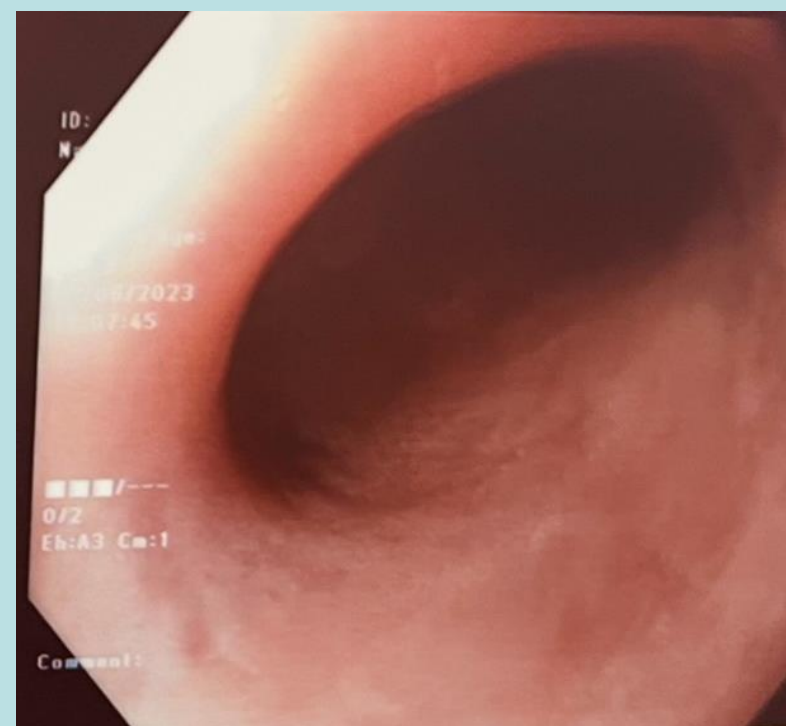


Fig 3. Complete resolution of mucosal necrosis in repeated Upper endoscopy.

## Discussion

The diagnosis of acute oesophageal necrosis is often incidental when an upper endoscopy is performed for a patient with upper gastrointestinal bleeding. Biopsy of the mucosa is recommended to exclude other etiologies such as caustic ingestion, pseudomembranous oesophagitis, and melanoma. Treatment of this rare condition includes treatment of medical illnesses, submucosal adrenaline injection for significant bleeding, proton pump inhibitors, keeping the patient nil by mouth, and intravenous fluids. Oral sucralfate and parenteral nutrition may be considered as well. Most patients recover with supportive treatment, although mortality can go up to 35%, especially when complicated with oesophageal perforation.

## Conclusion

This case serves to highlight a rare but potentially deadly condition which is characterized by a synergy of an ischemic insult, backflow chemical injury from gastric outlet obstruction, and alteration in physiological process.