
Black Esophagus in Patient Status Post PEA Arrest

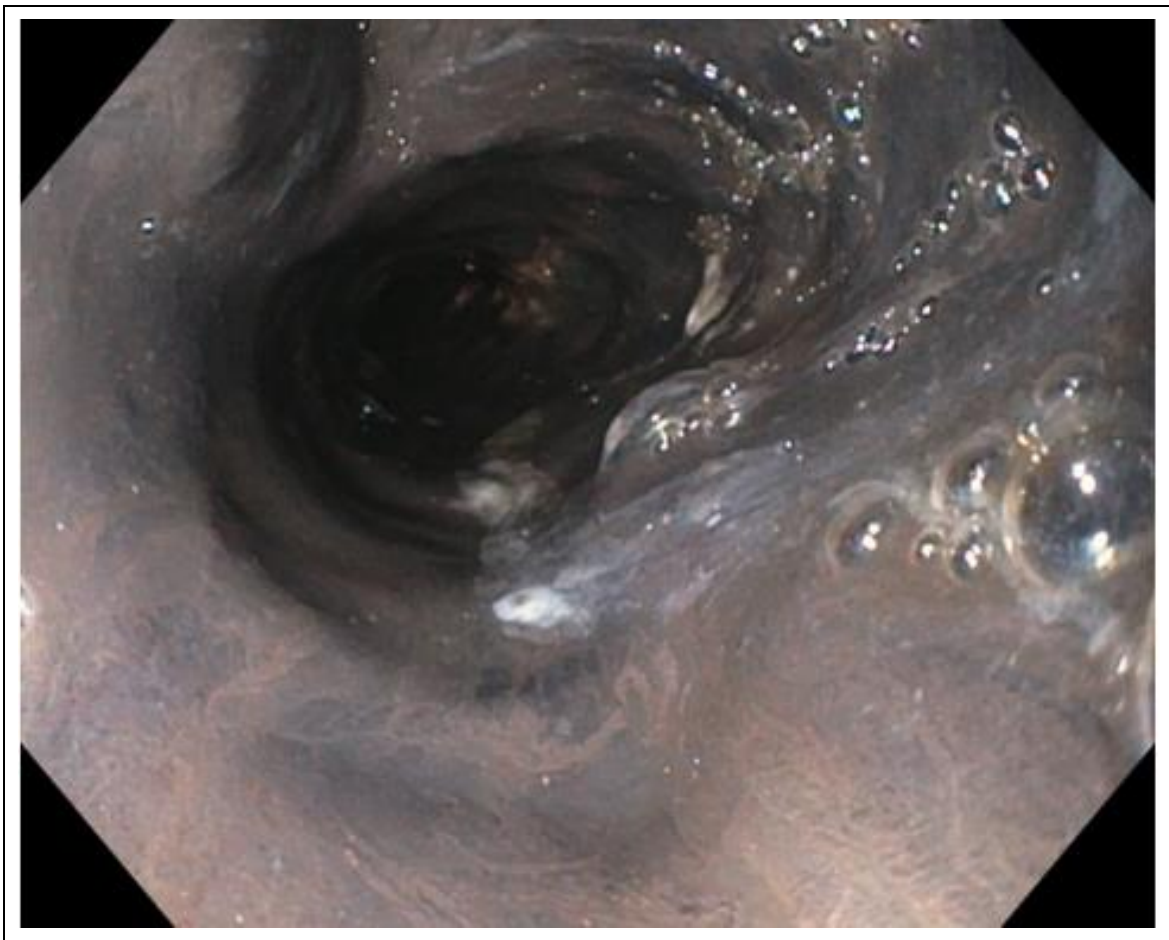
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Clinical Image

Acute esophageal necrosis (AEN), or black esophagus, is a rare condition of 0.01-0.2% prevalence on autopsy [1]. This event is believed to occur acutely and identified on upper endoscopy by the presence of diffuse black mucosa. The etiology for AEN is primarily unknown, but it is believed to occur when the esophagus becomes ischemic and/or endures a thromboembolic insult [2]. Cases of AEN have been noted more often in states of shock [3]. This patient's case of AEN was identified after a pulseless electrical activity arrest. The patient was initially admitted for acute pancreatitis complicated by pulmonary embolism. Apixaban was initiated but patient developed hematemesis followed by PEA arrest. After resuscitation, patient underwent esophagogastroduodenoscopy which revealed black esophagus with duodenal ulcerations. Patient was treated with IV proton pump inhibitor therapy and had no further bleeding or hypotension.

This patient's risk factors for AEN include severe pancreatitis, hypertension, and coronary artery disease. Other risk factors include type 2 diabetes mellitus, malignancy, alcohol use disorder, and any low flow states such as congestive heart failure, and vasodilatory or hemorrhagic shock [2]. Treatment is focused on the potential underlying causes for possible ischemia as well as proton pump inhibitor therapy [2].

Keywords: Critical care; Intensive care unit; Internal medicine; Black esophagus; PEA arrest; Necrotizing esophagitis

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