



Black Esophagus: Acute Esophageal Necrosis

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Clinical Image

A 73-year-old man with poorly controlled diabetes mellitus, coronary artery disease status post CABG, and COPD presented with hypotension, diabetic ketoacidosis, and pneumonia. Upon arrival the patient was given vasopressors, intubated, and a nasogastric tube was placed. Coffee ground material returned from nasogastric tube. He had a history of dyspepsia but denied hematemesis or liver disease. Upper endoscopy revealed severe, circumferential, continuous mucosal changes consistent with acute esophageal necrosis, or black esophagus. The mid (Figure 1A) and lower esophagus (Figure 1B) was affected from 20 cm from the incisors to the gastroesophageal junction at 38 cm from the incisors (Figure 1C). The gastric mucosa appeared healthy. Biopsies with cold forceps of nodular changes at the gastroesophageal junction showed Barrett's esophagus with ulceration and no evidence of dysplasia or infection. Avoidance of hypotension, proton pump inhibitor, and sucralfate were recommended. He remained inpatient for 28 more days before being discharged home with hospice for his advanced lung disease. He tolerated oral intake for comfort at discharge.

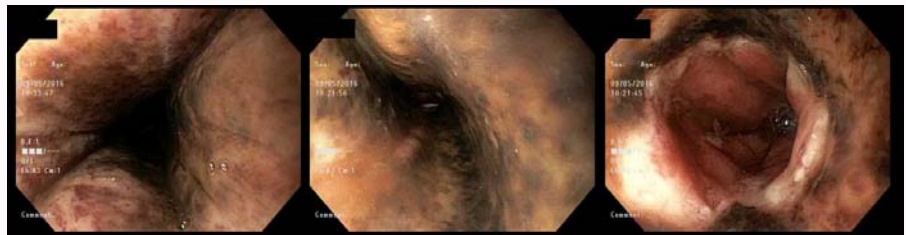


Figure 1:

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