

Presentation and diagnosis

Presentation and diagnosis

Sometimes the history is obvious, such as after instrumentation or foreign body ingestion. At other times there may not have been any precipitating cause. Patients with Boerhaave's syndrome may have the classic triad of vomiting, chest pain and subcutaneous emphysema. There may or may not be associated haematemesis. Typically, the site of perforation is the lower oesophagus towards the left pleural cavity. Gastric juice as well as ingested food is forcefully ejected into the left chest. A left pleural effusion rapidly accumulates. Physical examination reveals subcutaneous emphysema on the chest wall, sometimes extending to the cervical region as well. In the presence of sepsis, the patient will run a fever, has tachycardia and appears tachypnoeic. Hamman's sign refers to a crunching sound on auscultation of the heart owing to surgical emphysema. Differential diagnoses usually include pneumonia, myocardial ischaemia or other intra-abdominal pathologies such as a perforated viscus when the pain is referred to the epigastrium. Patients with cervical oesophageal or pharyngeal perforation are usually much less septic than those with intrathoracic perforations and mediastinitis. A typical example would be foreign body perforation, such as by a sharp fishbone, having lodged at the postcricoid area and perforated the oesophagus. There may be a history of foreign body ingestion and neck pain and physical examination may reveal tenderness and subcutaneous emphysema. Subcutaneous and mediastinal air, pneumothorax, hydro pneumothorax and a widened mediastinum may be seen on the chest radiograph (Figure 66.5). Contrast swallow study using Gastrografin or a non-ionic contrast usually reveals the site of perforation. However, sick patients may not be able to tolerate oral contrast. A CT scan (preferably with intravenous as well as oral contrast) will be able to demonstrate the site (and aetiology) of perforation and the extent of mediastinitis, effusion and collections (Figure 66.6).

Revision #1

Created 2025-12-31 15:24:34 UTC by Omar Ayman

Updated 2025-12-31 15:24:34 UTC by Omar Ayman