PP70 HIGH PRESSURE OVERLOAD: RARE CASE OF PLEURAL EFFUSION DUE TO BOORHAVE SYNDROME

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INTRODUCTION

Abdominal pain is one of the common presentation in the Emergency Department but with huge differential diagnosis and impose diagnostic challenges. Boerhaave syndrome is a rare entity but with high mortality, whereby late recognition may lead to deleterious complications. This case report highlights the importance of early detection and management of Boerhaave syndrome in the small secondary level Emergency Department and the rare complication that develop from the disease.

CASE DESCRIPTION

40-year-old chronic smoker gentleman presented with 2 days history of unremitting vomiting and epigastric pain that only improves occasionally with anti-emetic. Upon arrival, he was normotensive but tachycardic with heart rate of 130 beats per minute, His respiratory rate is 30 breath per minute and saturating well under non-breather mask. Further examination revealed reduced air entry over left side with subcutaneous emphysema on left lower neck. Urgent chest X-ray showed left hydropneumothorax, mediastinal free air that raised a suspicious of oesophageal rupture. Computerized Tomography thorax, abdomen and pelvic show circumferential mural thickening of the entire thoracic oesophagus until gastro-oesophagus junction associated with massive paraesophageal air pocket with suspicious of mucosal tear.

RESULT

Patient was sent to Computerized Tomography Thorax in which it confirmed the clinical diagnosis of oesophageal rupture. During his stay in Emergency Department, he become progressively tachypnoiec and was intubated for impending respiratory collapse. Left chest tube was inserted and drained approximately 500mls gastric colour fluid. He was taken care under Intensive Care Unit and was sent to Tertiary Hospital with Upper Gastrointestinal speciality for definitive management.

DISCUSSION

Oesophageal rupture is proven to be fatal if there is a delay in making diagnosis. Good and high index of suspicious in history taking with good Chest X-ray are sufficient in making diagnosis of Boerhaave syndrome.

CONCLUSION

Boerhaave'syndrome can be managed properly if prompt recognition and early resuscitation given to patient

KEYWORD: BOERHAVAAVE SYNDROME, ESOPHAGEAL RUPTURE, HYDROPNEUMOTHORAX