中文題目:食道壁剝離與巨細胞病毒感染

英文題目: Esophageal dissection and cytomegalovirus infection

作 者:張建偉 1 謝孟娟 2,3 王惠菁 2,3 吳宜珍 1,4,5 張維安 1,2 許超群 1,2,4

服務單位:高雄醫學大學附設中和紀念醫院 1內科部 2胸腔內科 3護理部 5胃腸內科

高雄醫學大學醫學院 4醫學系

Introduction

Esophageal dissection is an uncommon disorder. It is defined as the separation of the mucosa and/or submucosa from deeper muscular layers due to abrupt increases in intraesophageal pressure. Herein, we presented a case of esophageal dissection whose initial imaging studies mimic esophageal perforation.

Case Presentation

A 77-year-old woman with diabetes mellitus initially presented with poor appetite for about a week. She also had fever, polydipsia, general weakness, nausea, and epigastralgia. She was admitted to the intensive care unit of a local hospital for septic shock. Abdominal computed tomography (CT) scan was arranged to exclude intra-abdominal infection, and surprisingly showed suspicion of esophageal rupture. She was transferred to our medical center afterward.

Esophagogastroduodenoscopy showed diffuse esophageal erosion with multiple ulcers, and a fistula over upper and middle esophagus. A tumor-like lesion with mild esophageal stenosis was also found in the lower esophagus. Chest CT scan showed a paraesophageal abscess, without clear radiological evidence of esophageal rupture. The chest X-ray taken after swallowing Urografin also showed no extravasation. Therefore the diagnosis of esophageal dissection, rather than esophageal rupture, was made. Repeated esophagogastroduodenoscopy with biopsy proved cytomegalovirus (CMV) infection. After a 14-day stay in the ICU with medical treatments and supportive care, she was successfully extubated and transferred out of ICU.

Discussion

Our case demonstrates that esophageal dissection may present as esophageal rupture on computed tomography without typical symptoms. Further examination such as esophagogastroduodenoscopy and upper GI series might be needed to distinguish between these similar diseases. Although never being reported before, CMV esophagitis might be the leading cause of esophageal dissection in our case. However, the epidemiology and underlying mechanisms need to be elucidated.