

Boerhaave's Syndrome

Sami R. Achem

Gastroenterology Division, Mayo Clinic, Jacksonville, Fla., USA

Erratum

In *Digestive Diseases* [1999; 17:256] in the section 'Clinical Image' an error occurred. Figure 1 has been printed upside down. A corrected version is given here. We apologize for any inconvenience.



A 65-year-old male presented to the emergency room for evaluation of sudden onset of severe epigastric pain, nausea, vomiting and shortness of breath. He was previously healthy and admitted to having consumed large amounts of alcoholic beverages prior to his arrival at the hospital. Physical exam revealed a severely ill man in respiratory distress. BP was 90/50, pulse 121/min. The patient had subcutaneous emphysema over the left axilla and the base of his neck.

Chest X-ray showed pneumomediastinum along the left and right heart borders (fig. 1). Following a water-soluble contrast study of the esophagus there was extravasation of the contrast material into the mediastinum (fig. 2). During emergent surgery a 4-cm esophageal tear along the left posterolateral aspect of the esophagus (just above the diaphragm) was repaired. This case of spontaneous perforation of the esophagus illustrates the syndrome originally recognized by Boerhaave in 1724 which now bears his name.