CORRESPONDENCE

Intramural esophageal dissection caused by upper endoscopy

A.F. Romano-Munive1, G. Grajales-Figueroa2 and F.I. Téllez-Ávila2

From the 1Department of Gastroenterology and 2Department of Endoscopy, National Institute of Medical Sciences and Nutrition Salvador Zubirán, Vasco de Quiroga 15, Secció­n XVI, Tlalpan, Mexico City 14000

Address correspondence to A.F. Romano-Munive, Department of Gastroenterology, National Institute of Medical Sciences and Nutrition Salvador Zubirán, Vasco de Quiroga 15, Secció­n XVI, Tlalpan, Mexico City 14000. e-mail: fab_romanom@hotmail.com

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It is interesting to note that intramural esophageal dissection (IED) is characterized by transverse and longitudinal separation of the mucosal and submucosal layers of the esophageal wall, with or without perforation, and it is also known as intramural hematoma of the esophagus (IHE).1 However, IHE is defined as hemorrhage between the esophageal layers, often involving a long segment of the esophagus, breach of the mucosa confining the hematoma usually occurs and presents as hematemesis.2 Both conditions are included in the same term, but clearly are different, in IED the chest computed tomography (CT) reveals the esophageal double lumen with air-distended false lumen extending through the esophagus,3 and in the second condition, the typical CT signs suggestive of IHE include thickened esophageal wall with luminal compression or complete obliteration or an elongated non-enhancing mass involving the wall of the esophagus.1

Currently, there is no clear separation for these two entities in the literature, and they have the same risk factors, etiology, pathophysiology and treatment.2 It is likely to be the same spectrum disease.

It is crucial for physicians to recognize these conditions and be able to differentiate it among other esophageal diseases.

Conflict of interest. None declared.

References