

Large oesophageal haematoma as a result of transoesophageal echocardiogram (TEE)

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DESCRIPTION

This is a 68-year-old man with known type A aortic dissection, post ascending aorta repair and mechanical aortic valve who presented with symptomatic severe mitral regurgitation secondary to a degenerative valve. Due to prohibitive surgical risk, the patient underwent transcatheter mitral clip placement under the guidance of transoesophageal echocardiogram (TEE). Post procedure the patient developed haematemesis and dysphagia to solid food. The patient underwent fluoroscopy, which showed oesophageal stricture (figure 1). The next morning labs showed a significant drop in

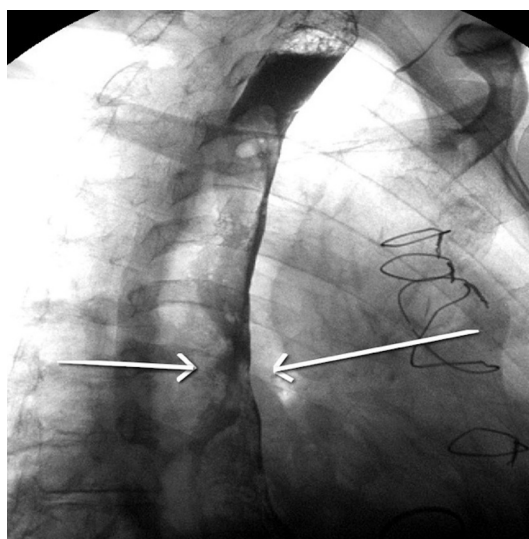


Figure 1 Fluoroscopy showing oesophageal stricture.

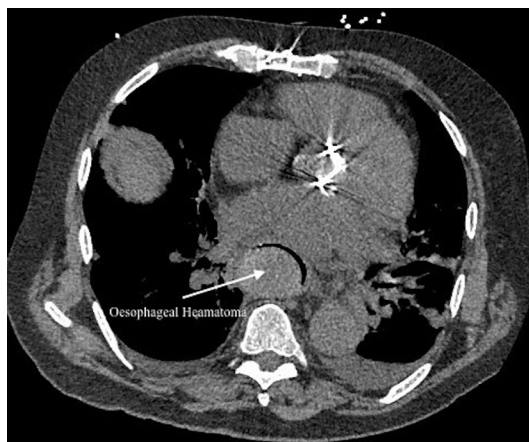


Figure 2 CT scan (axial section) showing large submucosal oesophageal 22 cm × 3.2 cm × 3.8 cm haematoma.



Figure 3 CT scan (coronal section) showing large submucosal oesophageal 22 cm × 3.2 cm × 3.8 cm haematoma.



Figure 4 Interval CT scan of the chest 4 months after the procedure showing significant resolution of the haematoma.

haemoglobin to 6.9 g/dL requiring 1 unit of packed red blood cells. Contrast-enhanced CT scan of chest and abdomen was then performed, which showed large submucosal oesophageal 22 cm × 3.2 cm × 3.8 cm haematoma (figures 2 and 3). Haematoma extended along the entire length of the oesophagus and was severely compromising the oesophageal lumen (figure 3). On admission the patient was on warfarin for mechanical aortic valve, which was held before the procedure and was resumed afterwards. The patient was managed conservatively with mechanical soft diet. An interval CT scan



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Learning points

- ▶ Even though oesophageal haematoma is rare (as low as 3/1100), it is a possible complication of transoesophageal echocardiogram.
- ▶ Oesophageal haematomas generally resolve with conservative management.

of the chest 4 months after the procedure showed significant resolution of the haematoma (figure 4). There was a gradual improvement of dysphagia. An oesophageal haematoma is a rare phenomenon especially in a patient who is off anticoagulation. It usually presents with dysphagia or haematemesis.¹ According to a single-centre study, its incidence is as low as 3/1100 in patients undergoing TEE.² Oesophageal haematoma generally resolves with no long-term sequelae with conservative management only.

Contributors MSR worked on the manuscript (case and the description). MPR assisted with writing the manuscript and obtained patient consent. GD and AB were involved in the patient care, and they revised the manuscript and provided the images.

Competing interests None declared.

Patient consent Obtained.

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