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Esophageal perforation, although uncommon, represents the most severe perforation of the digestive tract, with an important mortality especially in perforations of thoracic location. Esophageal perforation requires high diagnostic suspicion, excellent clinical judgment and proper management. It is a true medical emergency, since it is a serious disease with high morbidity and mortality. This pathology requires a good diagnostic judgment based on a high clinical suspicion, since it has a great variety of presentations. Its severity is determined by contamination of the mediastinum with oral secretions and gastroduodenal content that progresses rapidly to mediastinitis. The most common etiology of esophageal perforation is iatrogenic perforation, secondary to endoscopic instrumentation of the esophagus. Other etiologies are spontaneous rupture, trauma secondary to ingestion of foreign bodies and other less frequent are tumors, caustic ingestion, severe esophagitis, difficult endotracheal intubation among other causes.



The clinical presentation depends on three factors to be mentioned that are, on the one hand, the location of the lesion, the size of the perforation and the time evolution of the same.

The pain is the most frequent symptom, it is present in 70-90% of patients and is usually related to the site of perforation.



We present the case of a 52 year old man sent to the emergency department of our hospital for a condition diagnosed at the heart center of acute myocardial infarction to which fibrinolytic treatment was started while he was transferred to the hospital.

The diagnosis in the emergency department after attending to the patient was of esophageal perforation of the thoracic location, Boerhaave Syndrome, confirmed by a scanner.

