We report 6 rare case of spontaneous intramural esophageal hematoma (SIEH) that presented with chest pain which was initially clinically suspected to be due to aortic dissection. The case was diagnosed by endoscopy and multidetector computed tomography. SIEH may represent an intermediate stage between Mallory-Weiss tear and Boerhaave’s syndrome. In our experience, computed tomography is very informative as noninvasive examination for an early diagnosis of SIEH and for differentiation of aortic and other mediastinal diseases with acute chest pain. Conservative treatment with proton pump inhibitors and observation resulted in complete healing of patients without surgical intervention.

Keywords: Boerhaave’s syndrome, spontaneous esophageal intramural hematoma, Mallory-Weiss tear

Introducction
Spontaneous intramural esophageal hematoma (SIEH) is a rare complication that is known as esophageal apoplexy, intramural hemorrhage or intramural dissection in literature. Intramural hematomas can develop in six possible pathogenic causes: hemostasis, emetogenic origin, spontaneous, barotrauma or food trauma, iatrogenic - intravenous catheterization or endoscopic examination, associated with aortic diseases [1, 2, 3].

Material and Methods
In this study, the results of 6 patients with spontaneous intramural esophagus hematoma were evaluated retrospectively.

Patients had complaints of retrosternal pain, dysphagia and hematemesis, depending on esophageal hematoma. 4 of the patients were women and 2 were men. One of the patients after coronary artery bypass surgery and the other patient on cardio-
In an emergency endoscopic examination, the columnar submucosal hematoma was found in two cases at a distance from the cervical esophagus and in four patients from the level of the carina to the lower esophageal sphincter level. All patients were prescribed medical treatment of proton pump inhibitors. The control endoscopic examination was performed 5 or 7 days later, showed the decrease size of hematoma (Fig. 2). Patients were asymptomatic and able to tolerate a complete diet. Resolution of the esophageal hematoma was observed radiologically two weeks later.

**Discussion**

Esophageal damage clinically is being observed as laceration of the mucosa of gastroesophageal junction or cardial part of the stomach - Mallory-Weiss tipping, transmural laceration of all the esophageal walls - Boerhaave syndrome and as spontaneous intramural esophageal hematoma (SIEH). Some authors regard intramural hematoma as moderate congestion between mentioned mucosal and transmural injuries.

Mallory-Weiss syndrome is clinically observed with hematemesis in 30-80% of cases after coughing or large vomiting and endoscopic examination is the first choice for diagnosis [1, 4].

Boerhaave syndrome is classically presented with the Mackler triad: vomiting, pain in the chest and subcutaneous emphysema [5-7]. Pathogomic radiological signs for esophagus perforation are extravasation of the oral contrast and detection of the free air in the mediastinum or in peritoneal cavity [8, 9].

Intramural esophagus hematoma clinically manifests with retrosternal pain, dysphagia, and hematemesis. Because retrosternal pain is not a specific symptom for SIEH, it should be differentiated with acute aortic dissection, aortic aneurysm laceration, acute myocardial infarction, peptic ulcer perforation and acute pancreatitis.
Mallory-Weiss syndrome is mainly treated with parenteral nutrition and intravenous analgesics. Boerhaave syndrome require aggressive surgical treatment in the early period as it causes fatal mediastinitis with 10-50% mortality [1, 10, 11].

**Conclusion**

Computer tomography is very informative as noninvasive examination for an early diagnosis of IEHS and for differentiation of dissection of aortic aneurysm and other acute mediastinal pathology. In our experience, early diagnostics with endoscopic and radiological examination, conservative treatment with proton pump inhibitors and observation resulted in complete healing of patients without surgical intervention.

**References**


