Black esophagus: the only clue

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I read with great interest the article by Tsokos on black esophagus [1]. The author describes a case of acute esophageal necrosis (AEN) in a previously healthy 64-year-old man who he believes succumbed to hemorrhagic shock caused by black esophagus and duodenal ulcerations. Although AEN can initially present with gastrointestinal bleeding and is associated with high mortality (around 30%) from underlying medical conditions, death secondary to esophageal disease (perforation, mediastinitis, and esophageal infection in an immunocompromised individual) is seen in less than 6% of patients [2]. The finding of an isolated black esophagus in a healthy patient without the above pathological findings raises the question of whether AEN

was only a clue to another catastrophic event that went unnoticed such as a cardiac arrhythmia. I would suspect that an undiagnosed run of ventricular fibrillation was the cause of death in this patient with secondary black esophagus.

References

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