Mallory–Weiss syndrome diagnosed after tracheal extubation

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Received: 27 August 2017 / Accepted: 29 December 2017 / Published online: 13 January 2018
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To the Editor:

We present a case of Mallory–Weiss syndrome that required emergency endoscopic hemostasis. What is of special interest is that it occurred after tracheal extubation in the Intensive Care Unit (ICU). To our knowledge, no other similar cases have been reported. The patient was an 80-year-old male who underwent carotid endarterectomy under general anesthesia. Tracheal intubation was performed smoothly on the first attempt after induction of anesthesia. Postoperatively, he was admitted to the ICU for strict blood pressure management with sedation and mechanical ventilation until his cerebral blood flow was evaluated. Propofol was used for sedation, of which the level was measured by the Richmond Agitation Sedation Scale. The scale score ranged from – 2 to – 1.

On the day after surgery, tracheal extubation was performed with minor bucking; however, intermittent bloody sputum containing blood clots was observed soon after that. Gastroenterologists were consulted immediately and endoscopic examination revealed a bleeding laceration of the gastric cardia. Mallory–Weiss syndrome was then diagnosed and endoscopic hemostasis was performed.

Although the cause of Mallory–Weiss syndrome in this case is unknown, there is a possibility that bucking caused by frequent intra-tracheal aspiration in the ICU may have been involved in the onset considering smoking history and retention of viscous sputum.

Rapid endoscopy is said to be effective for diagnosis and hemostatic treatment in ICU patients [1]. Cooperation with gastroenterologists contributed to early diagnosis and treatment in this rare case.

Written informed consent was obtained from the patient for this report.

Author contributions HE drafted the article. SO, MM approved the final manuscript.

Funding None.

Compliance with ethical standards

Conflict of interest All authors have no financial support and potential conflicts of interest for this work.

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