Clinical Images

“Doctor, My Chest is on Fire”

Tokunbo Ajayi, MD

Salem Hospital Internal Medicine Residency Program, Department of Internal Medicine, NSMC, Salem, MA, USA.

KEY WORDS: esophageal injury; depression; endoscopy.

J Gen Intern Med 31(4):445–6

DOI: 10.1007/s11606-015-3445-9

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A 51-year-old male with a history of depression and multiple prior suicide attempts was found obtunded in his car, along with a half-full bottle of industrial-strength drain cleaner.

His exam was notable only for altered sensorium. Laboratory data showed potassium of 5.6 mEq/L, lactate 2.5 mmol/L and WBC 13.1 k/uL. His urine was positive for benzodiazepine and oxycodone. Abdominal x-ray demonstrated gastric wall thickening and extensive small bowel gas without evidence of free air (Fig. 1).

Fig. 1 Abdominal x-ray demonstrating gastric wall thickening (arrowheads) and extensive small bowel gas without evidence of free air

EGD showed severe esophageal ulceration with necrotic-appearing mucosa and ulcerated, friable gastric mucosa without evidence of perforation—findings which were consistent with a grade 3 esophageal caustic injury from alkali intake (Fig. 2). He was started on intravenous pantoprazole infusion and total parenteral nutrition (TPN). He remained on TPN for one month.

Caustic alkali injuries represent direct trauma to the mucosal tissue from a process known as liquefactive necrosis, which may ultimately lead to perforation, rupture, or even death.¹ Given the severity of potential short-term complications, patients with suspected injury should undergo urgent endoscopy within 24 h and be closely followed thereafter.¹ Long-term complications of esophageal caustic injuries include esophageal strictures and 1000-fold increased risk of esophageal squamous cell cancer.^{2,3}

Fig. 2 Severe ulceration and necrotic-appearing mucosa in esophagus.

Acknowledgments: My special thanks to Laura Johnson, Croteau Bethany J. and Tom Phinney.

Conflict of Interest: The author declares that he/she does not have a conflict of interest.

Corresponding Author: Tokunbo Ajayi, MD; Salem Hospital Internal Medicine Residency Program, Department of Internal Medicine NSMC, 81 Highland Ave, Salem, MA, USA (e-mail: tajayi@partners.org).

Received June 5, 2015

Accepted May 8, 2015

Published online June 24, 2015

REFERENCES

1. **Zargar SA, Kochhar R, Mehta S, Mehta SK.** The role of fiberoptic endoscopy in the management of corrosive ingestion and modified endoscopic classification of burns. *Gastrointest Endosc.* 1991;37(2):165.
2. **Kiviranta NK.** Corrosive carcinoma of the esophagus. *Acta Otolaryngol.* 1952;102:1-9.
3. **Contini S, Scarpignato C.** Caustic injury of the upper gastrointestinal tract: a comprehensive review. *World J Gastroenterol WJG.* 2013;19(25):3918-30. doi:[10.3748/wjg.v19.i25.3918](https://doi.org/10.3748/wjg.v19.i25.3918).