Acute esophageal necrosis: a case report and review

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Abstract
Acute esophageal necrosis, commonly referred to as "black esophagus" or "acute necrotizing esophagitis", is a rare clinical disorder with an unclear etiology. The definition excludes patients with a history of recent caustic ingestion. Oesophageal necrosis can be diagnosed at endoscopy by the presence of black necrotic appearing oesophagus. Contrary to the caustic oesophagitis whose treatment is often surgical, treatment of the acute necrositing oesophagitis is primarily medical. The prognosis for patients who develop acute necrotizing oesophagitis is generally poor. We report a new case of acute necrotizing oesophagitis and undertook a literature review of this rare diagnosis.

Introduction
Esophagitis can be complicated in its most severe cases in a total necrosis of the esophageal mucosa, performing "black esophagus" as described by endoscopists [1]. Acute necrotizing esophagitis is rare clinical entity with an unclear etiology, its pathogenesis remains unknown, and most investigators have suggested an ischemic origin based on histopathologic and clinical data [2]. We report a new case of black esophagus in patient admitted for hematemesis in a state of septic shock, and we will be discussing the literature surrounding this rare entity.

Patient and observation
A 60 year-old man presented to an outside institution for septic shock with hematesis. He had a medical history of diabetes mellitus, hypertension and he was amputated right leg (trans-femoral amputation) for diabetic arteriopathy six months before admission complicated by venous thrombosis. Home medications included daily pioglitazone, atenolol, furosemide and anticoagulant with poor compliance. Initial examination revealed a patient in state of septic shock, respiratory rate 28 cycles per min, his pulse was regular with an apical rate of 120 beats/min, temperature 39° C, blood pressure 70/40 mmHg, he had necrotic and suppurative amputation stump with peripheral pulse abolished. Patient was given immediately oxygen, fluids, antibiotics, and drugs to increase blood pressure. Six hours later, the