

**Clinical Image**

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**Boerhaave syndrome: A rare cause of sudden chest pain****Bruno Vieira\***; *Nádia Tenreiro; André Marçal; Gonçalo Guidi; Daniela Martins; João Pinto-de-Sousa**General Surgery Department, Hospital Center of Trás-Os-Montes and Alto Douro (CHTMAD), Clinical Academic Centre of Trás-os-Montes and Alto Douro (CACTMAD), Portugal.***\*Corresponding Author: Bruno Vieira**

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**Keywords:** Esophageal perforation; Rupture; Spontaneous; Hydropneumothorax pneumomediastinum; Esophageal exclusion.

**Description**

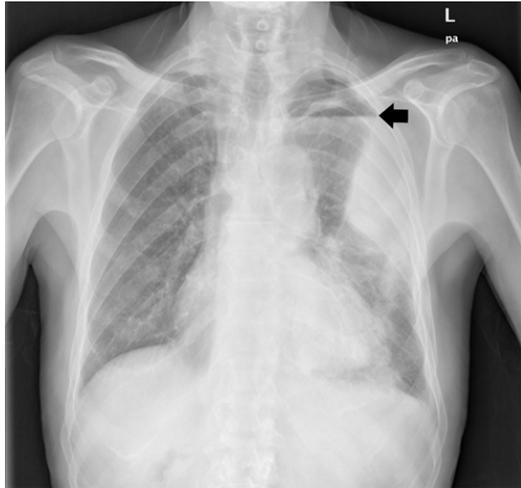
A 81-year-old man with previous history of arterial hypertension presented to the emergency department with sudden left chest pain and dyspnea, after having two episodes of non-bloody vomiting. He was hypotensive, tachycardic, with absent breath sounds on the left. Chest radiograph revealed left hydropneumothorax (Figure 1) and laboratory results showed hyperlactacidemia without other organ dysfunctions. CT scan confirmed hydropneumothorax, with associated pneumomediastinum and left lung consolidation (Figure 2), compatible with Boerhaave's syndrome. An anterior thoracic drain was placed. He was started on fluids, broad-spectrum antibiotics, and surgical consultation was obtained. Esophageal exclusion, feeding

gastrostomy and left lateral thoracostomy were performed. Postoperatively, the patient was admitted to an intensive care unit. Unfortunately, the patient died on the post-operative day 8 due to respiratory infection. This case highlights the importance of considering esophageal perforation in the differential diagnosis of chest pain. Quick recognition of this condition is essential for appropriate management.

**Declarations**

**Conflict of interest:** None of the other authors has any conflict of interest to declare concerning this paper.

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**Figure 1:** Radiograph of left-sided hydropneumothorax, where the black arrow indicates the left hydropneumothorax.



**Figure 2:** Computed tomography of the chest with hydropneumothorax and mediastinal air, where the white arrows indicates the pneumothorax, the black arrows indicates the hydrothorax, and the white arrowhead indicates the mediastinal air.

### References

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