

Esophageal rupture associated with vomiting in pregnancy

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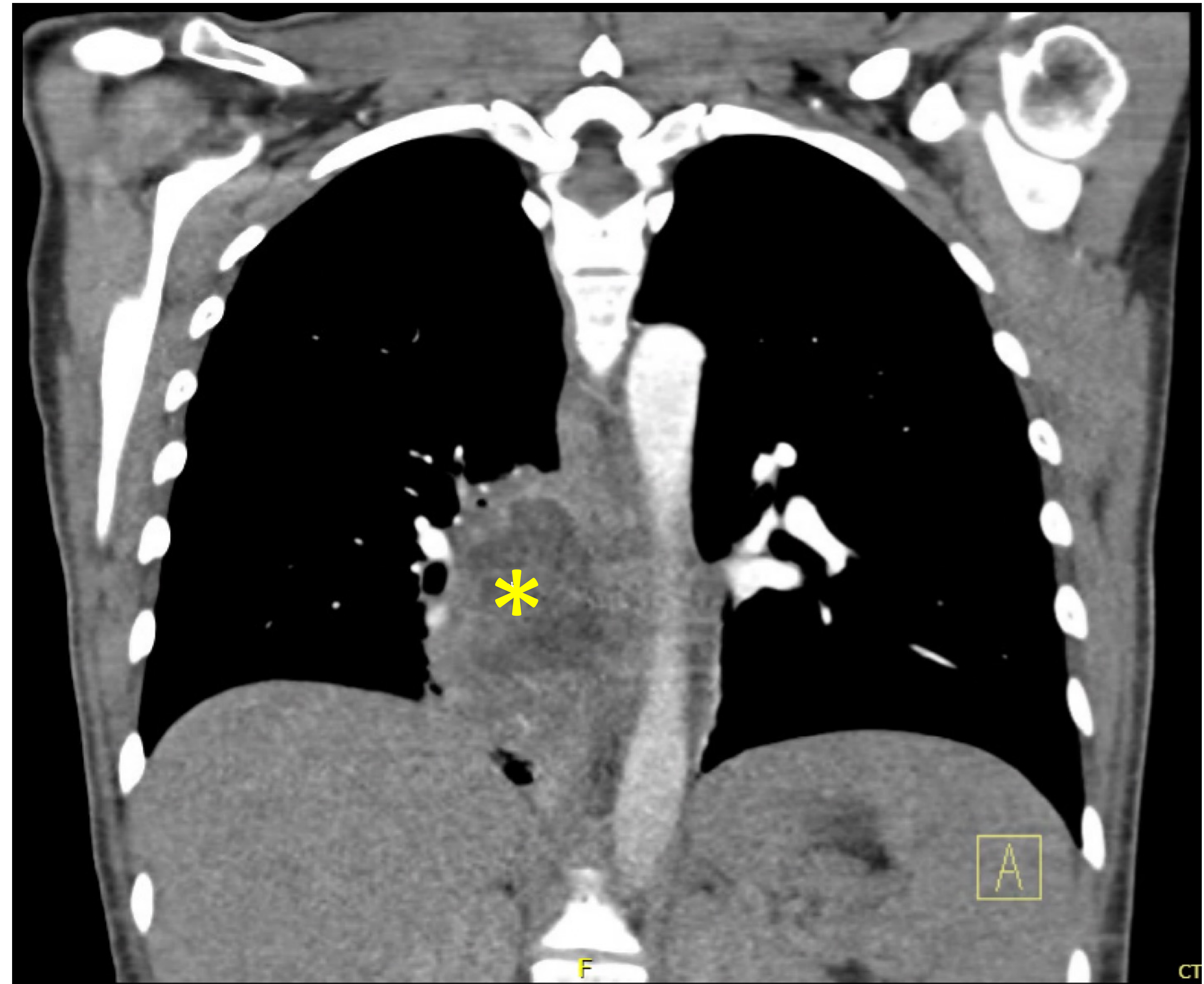
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- 27F G6P4 (NSVD x 4) with no prenatal care, OUD, and multiple social stressors
- Presented to the emergency department with a 3-week history of chest pain, mild SOB, nausea, and hematemesis
- She was discovered to be 6-7 months pregnant, COVID+, and was admitted for management of hematemesis and opioid withdrawal
- Timeline of events:
 - Four months earlier, the patient had nausea and vomiting of pregnancy which spontaneously resolved
 - Two months prior to presentation the patient had severe GERD symptoms with N/V similar to prior pregnancies.
 - Three weeks prior to presentation she reported an episode of severe vomiting; this event felt markedly different than prior vomiting events in both pain intensity and sound, and now contained blood.
- On presentation she admitted prior trauma within systems of care, punitive engagement by peripartum staff in prior pregnancies, and poor management of her withdrawal during prior hospitalizations that were barriers to her accessing care at the onset of symptoms.
- PE was notable for bilateral lower extremity swelling, epigastric pain on palpation, and tachycardia. There was no subcutaneous emphysema.

- During this work up (PE was on DDX), the patient had an unanesthetized precipitous preterm delivery of a neonate of approximately 30 wks.
- A CT esophagram postpartum confirmed the perforation.
- Under uncomplicated GETA, the patient underwent urgent esophageal endoscopy which demonstrated a 3 cm distal esophageal perforation that was washed out and stented.
- This was followed by VATS for right chest washout and placement of mediastinal and pleural tubes.
- A thoracic epidural was placed postoperatively for pain control.
- The patient's recovery was uneventful.

Coronal computerized tomography of the chest with contrast demonstrating a 4.5 x 5.4 cm mass (asterisk) in the right mediastinum consistent with abscess associated with esophageal rupture.



Esophageal rupture associated with vomiting in pregnancy: Conclusions

- Esophageal rupture is an uncommon complication of the second stage of labor,^{1,2} hyperemesis gravidarum,^{3,4} and rarely GERD.⁵
- The combination of any vomiting history, hematemesis, and chest pain should elicit suspicion for esophageal rupture.

References:

1. Hamilton et al. *J Obstet Gynaecol*. 2003 923(6):668
2. Whelan et al. *J Med Case Rep*. 2017 11(1):313
3. Woolford et al. *J Laryngol Otol*. 1993 107(11):1059
4. Buchanan et al. *Scott Med J*. 2014 59(4):e12
5. Hart. *J Int Med Res*. 1978 6 Suppl 1:1