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MANAGEMENT OF ACUTE ESOPHAGEAL NECROSIS

To the Editor:

I read with great interest the article by McLaughlin, Person, and Denlinger¹ on management of acute esophageal necrosis (AEN). The authors describe a case of AEN associated with type III hiatal hernia in an otherwise healthy 62-year-old woman and its spontaneous resolution with supportive therapy, including an empiric course of broad-spectrum antibiotics, proton-pump inhibitors, nasogastric (NG) tube, followed by elective lapa-

roscopic Nissen fundoplication 4 days after presentation.

In my opinion, this case raises 3 important issues in relation to management of AEN. The use of antibiotics in black esophagus is controversial. Although some authors link antibiotic therapy to the development of AEN,² this should not preclude its use in the setting of a documented infection, perforation, rapid clinical decompensation, sepsis, or in immunocompromised patients.³ Tissue biopsy and culture may help to guide clinical approach. Prophylactic use of empiric antibiotics in sterile necrosis is generally not warranted.

Placement of an NG tube in patients with AEN should be avoided in view of the risk of perforation. In certain clinical conditions, if required, an endoscopic placement of an NG tube would lower the chance of complications. Hemodynamic support, correction of an underlying medical disorder, antacid therapy, and finally, allowing enough time for tissue healing are most important in management of a patient with AEN. This includes avoiding potential complications from unnecessary procedures.

Surgical intervention is critical in rare cases of esophageal perforation,

mediastinitis, external compression by a ruptured thoracic aneurysm, or in acute gastric volvulus causing AEN.⁴ In the case described by McLaughlin, Person, and Denlinger,¹ did the concern for a recurrent gastric volvulus dictate early intervention in what seemed to be an elective operation? Would the expected morbidity and mortality be reduced had the esophagus been given more time to heal? I would also be interested to learn the proposed etiology of the AEN in this interesting case.

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