



HEMATOMA SUBMUCOSO ESOFÁGICO ESPONTÂNEO:

-- UMA ENTIDADE RARA --

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Centro Hospitalar de Setúbal – Hospital de São Bernardo

- Género masculino
- 58 anos
- Leucodérmico
- Desempregado

IDENTIFICAÇÃO

- HTA
- Prótese valvular aórtica mecânica
- ACO com varfarina

ANTECEDENTES

- Dor torácica
- Hematemeses

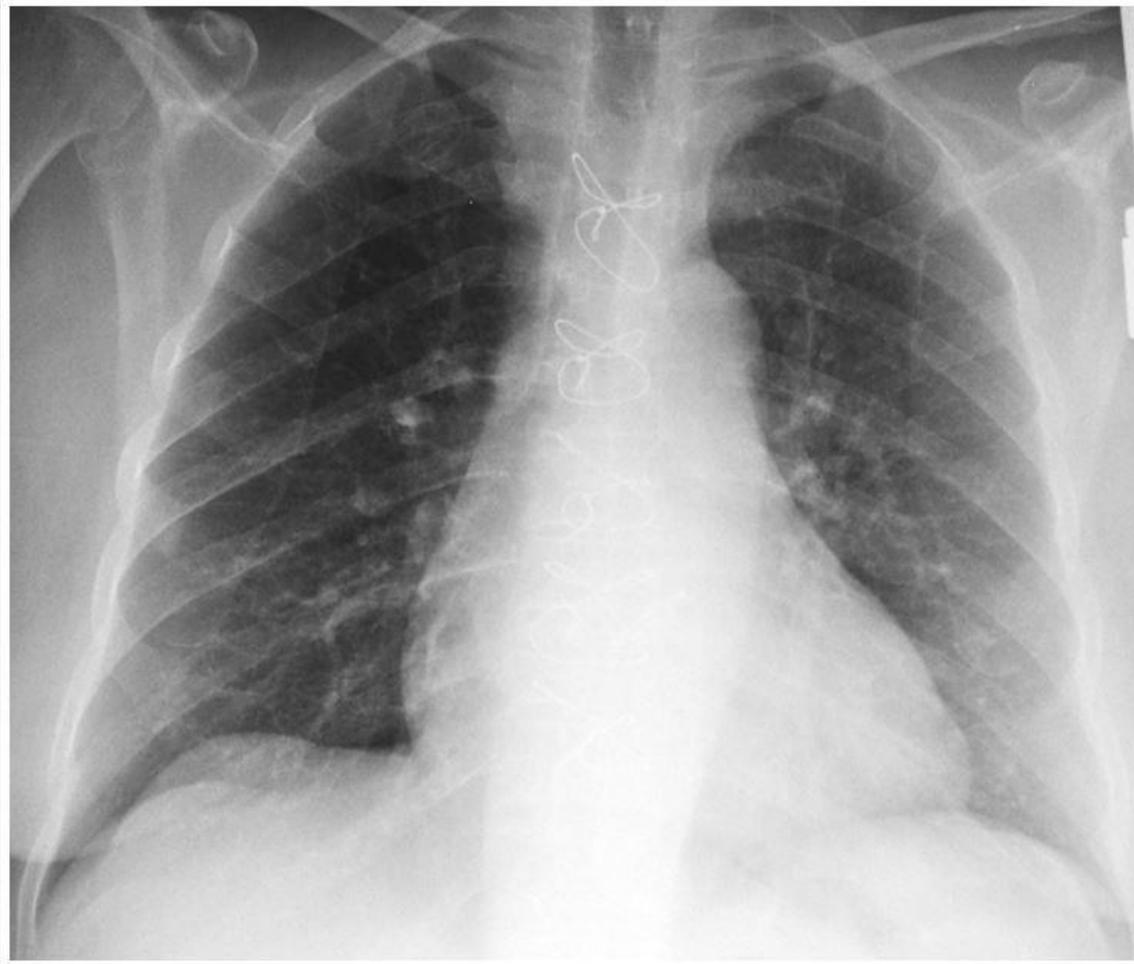
HISTÓRIA DA DOENÇA ACTUAL

CASO CLÍNICO

PARÂMETRO	VALOR
ERITROGRAMA	
Hb	11.3 g/dL
VGM	85 fL
HGM	28.8 pg
RDW	16.8 %
LEUCOGRAMA	
Leucócitos	17 200/uL
Neutrófilos	82.6 %
Linfócitos	14.6 %
PLAQUETAS	294 000/uL
TP	> 100 seg
INR	Indoseável
aPTT	95.7 seg

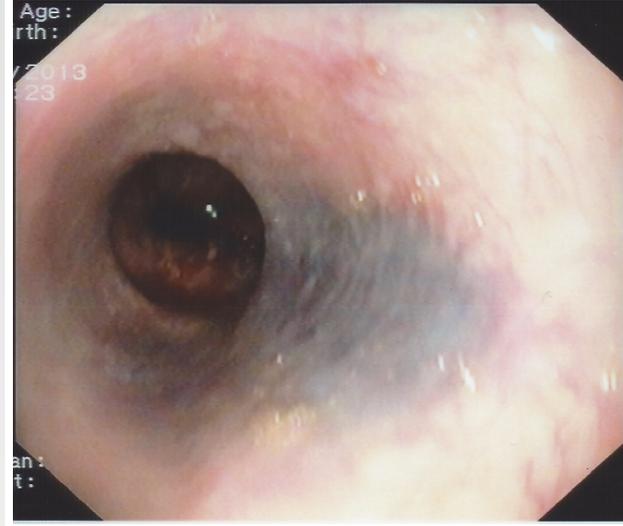
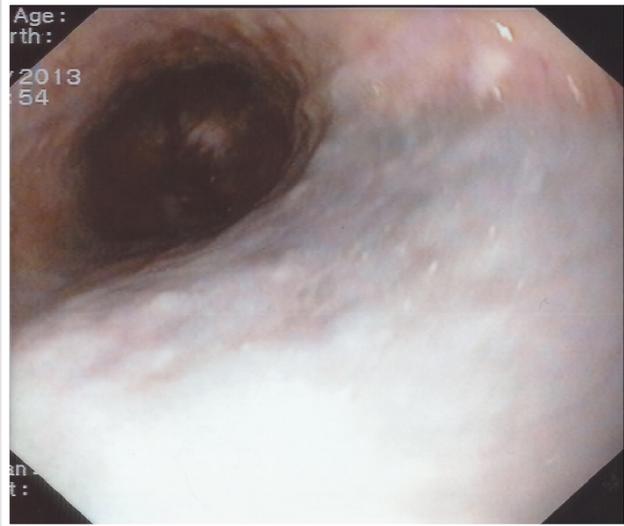
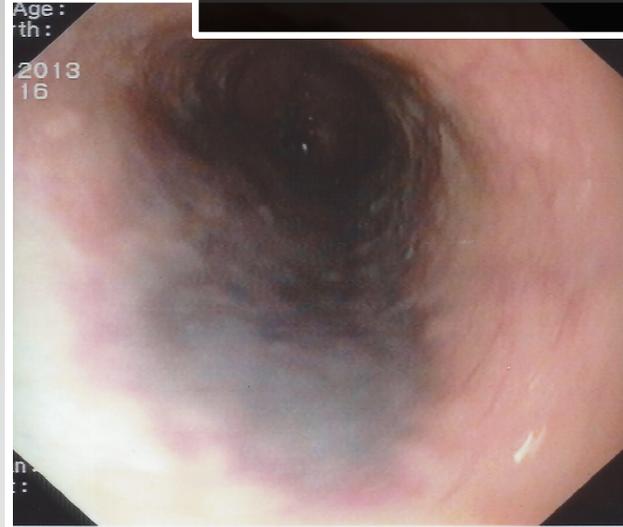
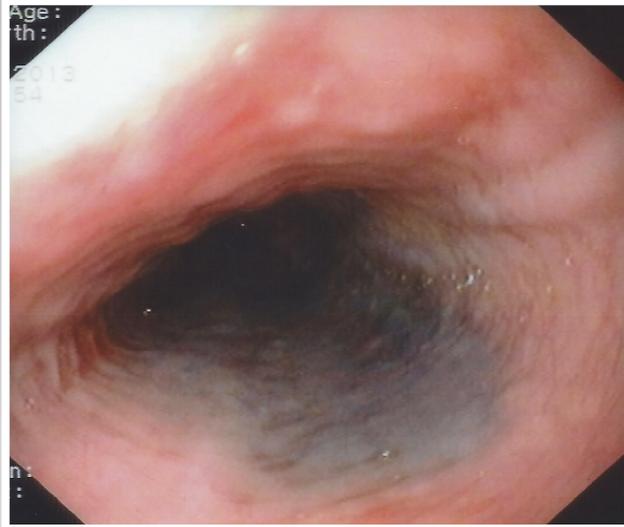
PARÂMETRO	VALOR
Ureia	83.9 mg/dL
Creatinina	1.28 g/dL
AST	25 U/L
ALT	32 U/L
FA	102 U/L
GGT	50 U/L
LDH	174 U/L
Bil total	0.8 mg/dL
CK	14 U/L
Troponina I	0.04 ng/mL

ANÁLISES



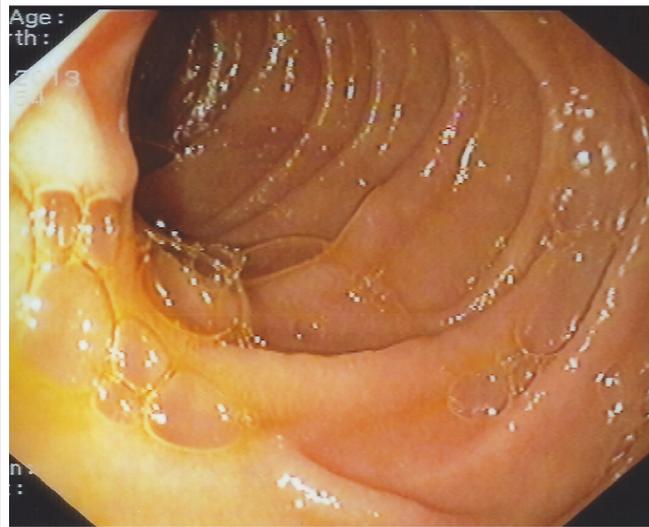
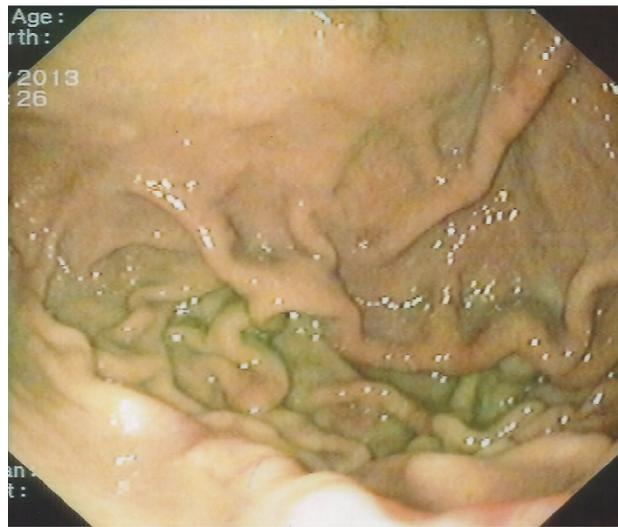
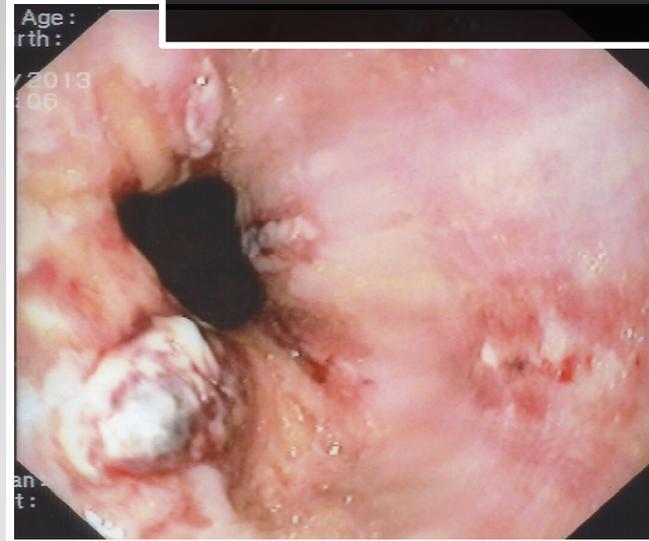
RADIOGRAFIA DO TÓRAX

CASO CLÍNICO



ENDOSCOPIA ALTA

CASO CLÍNICO



ENDOSCOPIA ALTA

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ESOFAGITE PÉPTICA

LACERAÇÃO DE *MALLORY-WEISS*

DIAGNÓSTICO

D1

- Dieta 0
- Suspensão ACO
- Vitamina K
- Esomeprazol
- Fluidoterapia EV

D2

- Melenas
- Hb 7.4 g/dL
- Transfusão 1U CE
- INR 1.4
- Início de dieta oral

D3

- Suspensão de perfusão de esomeprazol
- Hb 9.0 g/dL
- Progressão na dieta

D5

- Reinício de ACO
- Alta clínica

EVOLUÇÃO E TERAPÊUTICA

Spontaneous	Associated with coughing, retching, protracted vomiting Esophageal barotrauma Pill-induced esophageal injury Use of anticoagulants or aspirin Esophageal diverticulum A-V malformation
Traumatic	Endoscopic intubation, biopsy, dilation Variceal sclerotherapy Transesophageal echocardiography Foreign body ingestion

- I: Hematoma without surrounding tissue edema
- II: Hematoma with surrounding tissue edema
- III: Hematoma with edema plus compression of esophageal lumen
- IV: Complete obliteration of the lumen with hematoma, edema, and organized clot formation

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OBRIGADO!