The temporal relation of sinus bradycardia to infliximab treatment raises concern for this as a possible drug-related complication, and suggests that regular monitoring of pulse rate is required with use of infliximab.

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Atypical presentation of Boerhaave's syndrome

Esophageal perforations occurring in the absence of precipitating factors are designated as Boerhaave's syndrome.

A 4-year-old girl presented with history of fever and excessive crying without significant antecedent history. The child had been eating and drinking properly previously. On examination, the child was awake, conscious and alert, with acute severe respiratory distress and mild dehydration. Respiratory system revealed signs of consolidation on the right side, mostly of the lower lobe. Laboratory data revealed a total count of 18,000/cumm and ESR of 37 mm in 1st hour. Chest radiograph was suggestive of right-sided hydro pneumothorax.

Right-sided intercostal drainage tube drained 1 liter of purulent material, suggestive of pyopneumothorax. Supportive treatment was instituted. The next day the child was given feeds orally, which subsequently drained out from the drainage tube. A leak in the esophagus was suspected and gastrografin study performed. It confirmed the present of leak from the distal esophagus. Urgent exploratory thoracotomy was carried out on the left side. It revealed a 2 cm x 1 cm sized perforation in the distal esophagus. Primary repair was carried out with placement of feeding jejunostomy. The postoperative period was complicated by sepsis and renal and respiratory failure requiring ventilatory support. The patient was discharged 66 days after her initial presentation in a relatively healthy condition.

A majority of esophageal perforations occur on the left posterolateral wall of the distal esophagus. This may be due to the lack of supporting structures. The classical triad of chest pain, vomiting, and cutaneous emphysema is rarely seen in patients with Boerhaave's syndrome. But a majority of them have an episode of vomiting or other discrete events preceding other symptoms. As unusual as is Boerhaave's syndrome, it is extremely rare for it to result from rupture of the distal esophagus to gain access into the right pleural cavity.

Our case represents an atypical presentation of spontaneous esophageal rupture. There was no history of retching or vomiting. The child did not have any antecedent conditions that would have predisposed to an esophageal tear. These features along with free rupture into the right pleural cavity and occurrence in a child make this an unusual presentation of an uncommon syndrome.

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