

Esophageal Intramural Abscess from Injury in an Adult

Sun Y¹, Zhao Y², Lu X² and Cao D^{2*}

¹Pharmaceutical Department, China-Japan Union Hospital, Jilin University, Changchun 130033, China

²Department of Radiology, The First Hospital of Jilin University, Chang Chun 130021, China

*Corresponding author: Cao D, Department of Radiology, The First Hospital of Jilin University, XinMinZhu Street 71, Changchun, China, Tel: 15804300125, E-mail: caotianbo@126.com

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Clinical Image

A 33-year-old man with diabetes was referred to our hospital with the complaints of retrosternal pain, pharyngeal pain and high fever up to 39°C. He had history of fish bone ingestion 2 weeks previously. Examination of the heart and lungs was normal, and there were no apparent enlarged lymph nodes. The tumor markers were all within normal range. His white blood cells were $11.63 \times 10^9/L$ with elevated neutrophils. Subsequent chest contrast-enhanced CT showed diffuse thickening of esophageal wall in the middle and lower part, associated with inner low density similar to fluid. There were large quantities of gas retention in the lumen of esophagus, which suggested disorder of esophageal peristalsis in this region. Minimal effusion was also noticed in both pleural cavity (Figure 1a-1c). In combination with different data from this patient, esophageal abscess was first proposed. The patient accepted conservative treatment including nothing by mouth, broad-spectrum antibiotics and intravenous fluid support for ten days. The patient's symptoms improved significantly and his temperature recovered to be normal level. Follow-up CT revealed the disappearance of low attenuation within thickening esophageal wall and endoluminal air (Figure 2a and 2b).

