Mallory Weiss Tear: A Case Report

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ABSTRACT
Mallory Weiss Syndrome is characterized by longitudinal superficial mucosal membrane damage or tear where esophagus and the stomach are connected. MWS symptoms include Abdominal pain, Hematemesis (Blood vomiting), frequent belching, nausea, heartburn, throat soreness, general weakness with dizziness, diarrhea. It is mostly caused by violent coughing and vomiting, chronic alcohol consumption, in some food poisoning cases. Diagnosis of MWS is Endoscopy, Stool test to check with any blood. In this study the patient was presented with hematemesis and abdominal pain in right hypochondriasis, and was a chronic alcoholic. Patient was treated with IV fluids, antibiotics, antacids, and other supportive care. Patient was stable before discharge.

Keywords: Mallory Weiss Syndrome, Hematemesis, Endoscopy, Chronic Alcoholism, Antacids.

INTRODUCTION

Mallory Weiss Syndrome (MWS) or tear occurs in the gastro esophageal junction with longitudinal, Non perforating superficial lacerations and are mostly seen in Upper Gastrointestinal Bleeding conditions1-2. Mallory Weiss syndrome was first identified by George Kenneth Mallory (1900-1986), who was born in Boston and he was professor in Boston university and Soma Weiss (1898-1941), born in Bestereze, Hungary and worked as a chief physician at Peter Bent Brigham hospital. They described regarding MWS in their brief report “Hemorrhage from laceration of the cardiac orifice of the stomach due to vomiting” in American journal of medical science 1929; 178:506. Males are 2 to 4% more prone to this syndrome than women and MWS cases are high in 40-60 age people. In US 1 to 15% of Mallory tear in adults occurs due to upper gastro intestine bleeding3. The common bleeding parts are duodenum or stomach4. Predisposing factors of MWS comprise chronic alcoholism, hital hernia, gastric mucosa inflammatory disease5, forceful emesis, retching6, cough and straining at defecation and peptic ulcers7. The main symptoms include hematemesis (blood vomiting), chest pain, dyspnea, epigastric pain, abdominal pain, gastrointestinal bleeding in few cases, and malena7. There are few mechanisms of MWS those are (1) obstruction of gastric pylorus which increases intragastric pressure this causes urge to vomit. (2) Mild or decrease motility between mucosa and sub mucosa8. (3) Loss of collagen fibers in mucosal membrane. (4) Age of the person decreases the elasticity and motility of mucosa and GIT9. (5) Herniation of cardiac through diaphragm10. Mallory Weiss syndrome is diagnosed by endoscopy, radiology (chest X rays)11 and examination of blood in stool but in few patients Mallory Weiss tear was recognized as a complication of upper endoscopy which is also called as iatrogenic Mallory Weiss tear12. Diagnosis of MWT through endoscopy in the patients who suffer from chest pain, vomiting or hematemesis is difficult because the body considers the endoscopic equipment as a foreign particle and the patient may have an urge to vomit12. Most of the patients with MWS hemorrhage are treated pharmacologically with intravenous antiemetics, antacids and non pharmacological treatment includes sedation, fasting, blood transfusion13. Patients with active bleeding and co morbid diseases need immediate haemostatic and the best treatment is interventional endoscopy, some other patients require combination treatment like epinephrine or vasopressin injection, band ligation, electro coagulation and hemoclip therapy14.

CASE STUDY
A male patient of age 43 years came with complaints of 10 episodes of hematemesis since yesterday evening. Last episode at 6:30 am in the morning associated with history of abdominal pain more in right hypochondriasis and was admitted in hospital for further management. Patient was conscious and coherent on examination and vitals of the patient were Temperature 98.6°F, BP: 150/100mm/Hg,
Patient was admitted in hospital due to 10 episodes of hematemesis and abdominal pain in right hypochondriac region. One of the major reasons of Mallory Weiss condition in this patient is due to excess consumption of alcohol, this lead to hematemesis and esophageal tear. However endoscopy was done, abdominal ultrasound report shows Grade I fatty liver. Patient was further treated with antiemetics, antacids, esophageal tear. However endoscopy was done, abdominal ultrasound report shows Grade I fatty liver. Patient was further treated with antiemetics, antacids, cough suppressants, antibiotics and multivitamins. Mallory Weiss tear always arises due to continuous vomiting, blood vomiting and is common in chronic alcoholics. If this condition is not treated immediately it leads to fatality.

**REFERENCES**


7. Cucci, Maria MD; Caputo, Fiorella MD; Fraternali Orcioni, Giulio MD; Roncallo, Anna MD; Ventura, Francesco MD, PhD, Transition of a Mallory-Weiss syndrome to a Boerhaave syndrome confirmed by anamnestic, necropsic, and
autopsy data A case report


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