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St. Joseph's Medical Center – Family Medicine
Residency



Case of Gurrivits Syndrome

Disclosures

- No disclosures

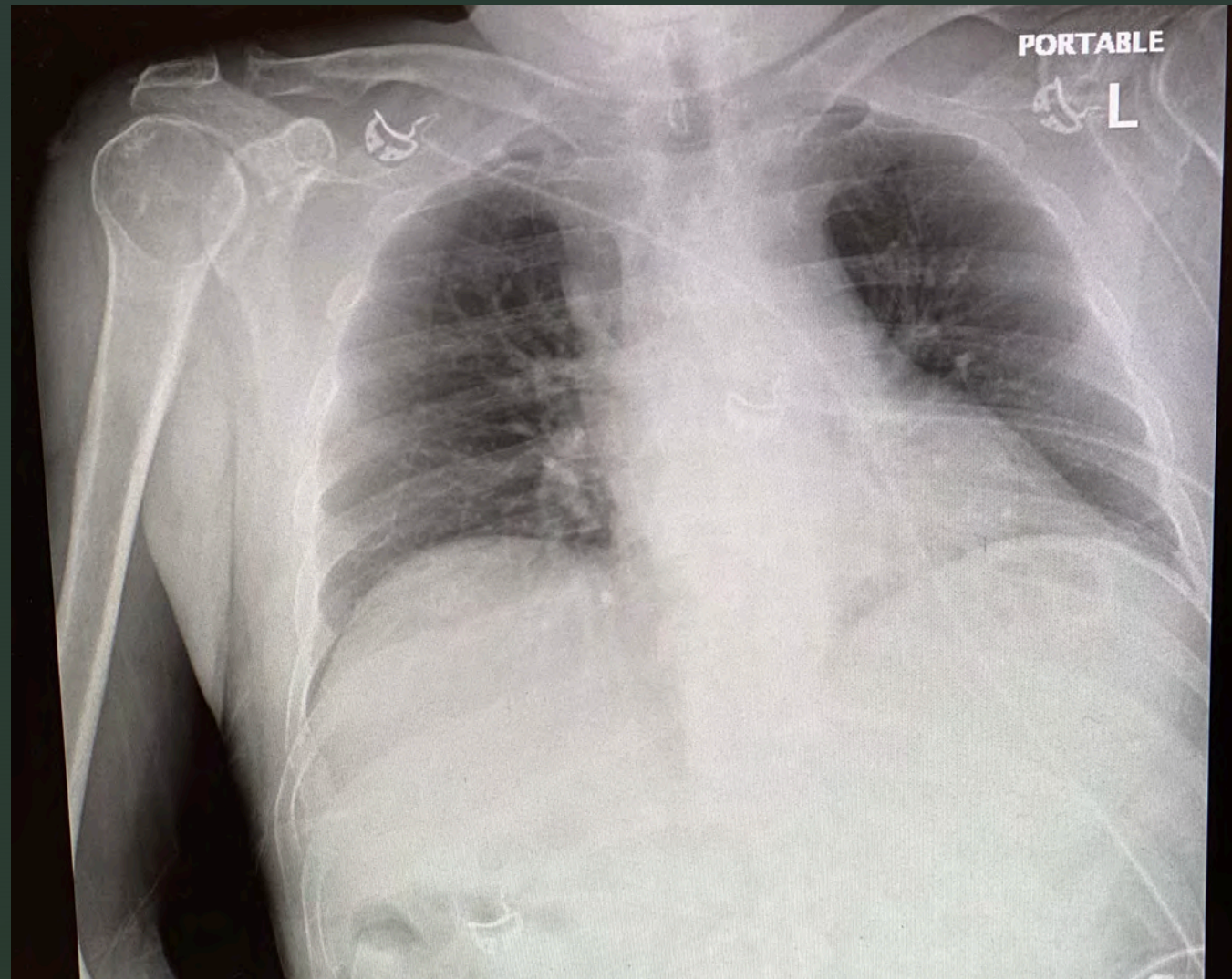
Case presentation

- 57yo male with hx of chronic alcohol abuse
- Neck swelling, sore throat, odynophagia and hematemesis
- Initial vitals
 - Temperature 37C
 - Heart Rate 115
 - Respiratory rate 16
 - Blood Pressure 70/50
 - SP O2 95%
 - Weight 60kg

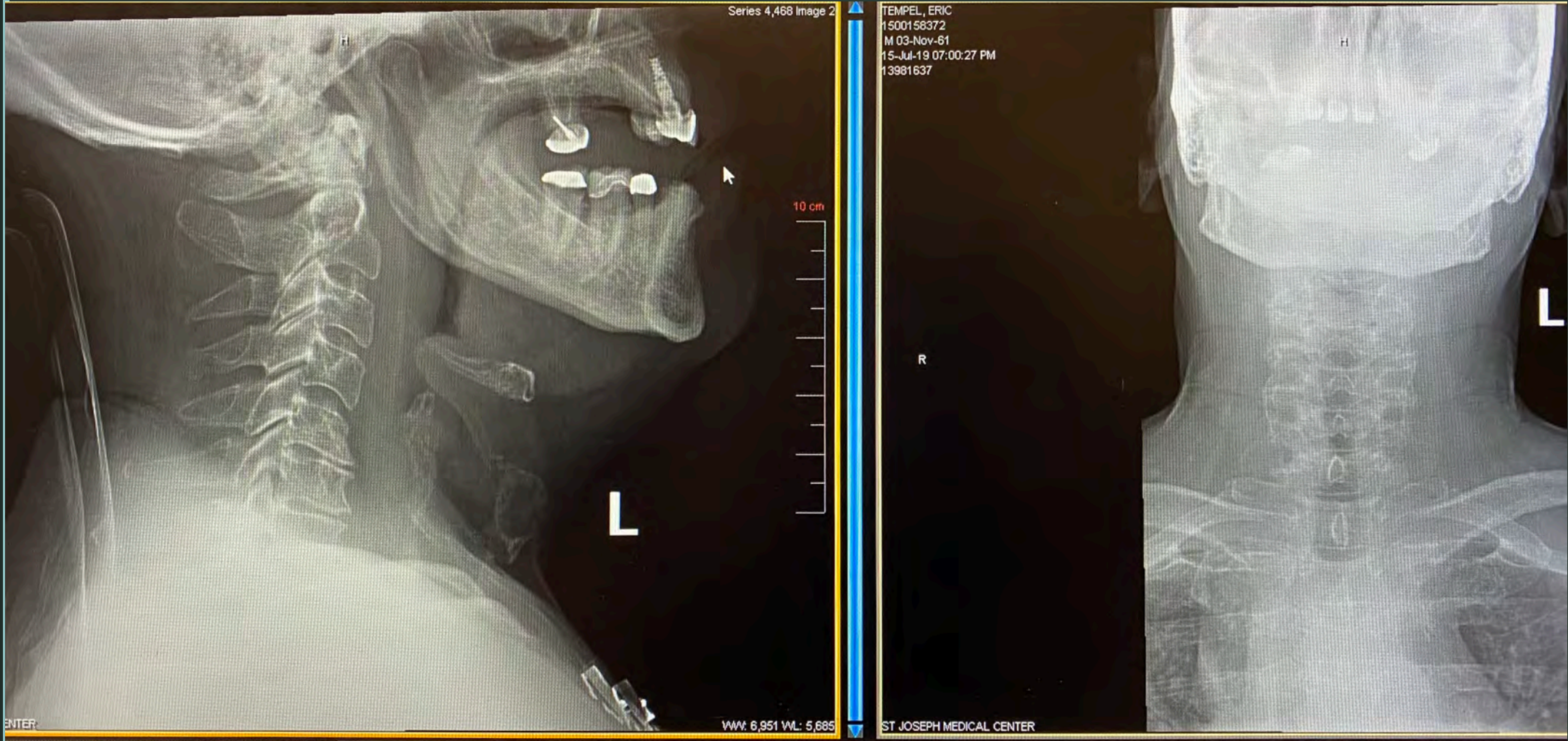
Physical Exam

- GEN: Well developed, ill appearing male in acute distress.
- Neck: Cervical lymphadenopathy, mouth ulcers, mild caries and gingivitis. Tonsils 1-2+. Oropharynx with Mallampati 4 swelling.
- Lungs: Clear to auscultations bilaterally, no wheezes.
- Heart: Tachycardia, no murmurs/rubs/gallops.
- Extremities: No edema
- Neuro: Able to move all extremities, no sensory/motor deficits. CN II-XII grossly intact

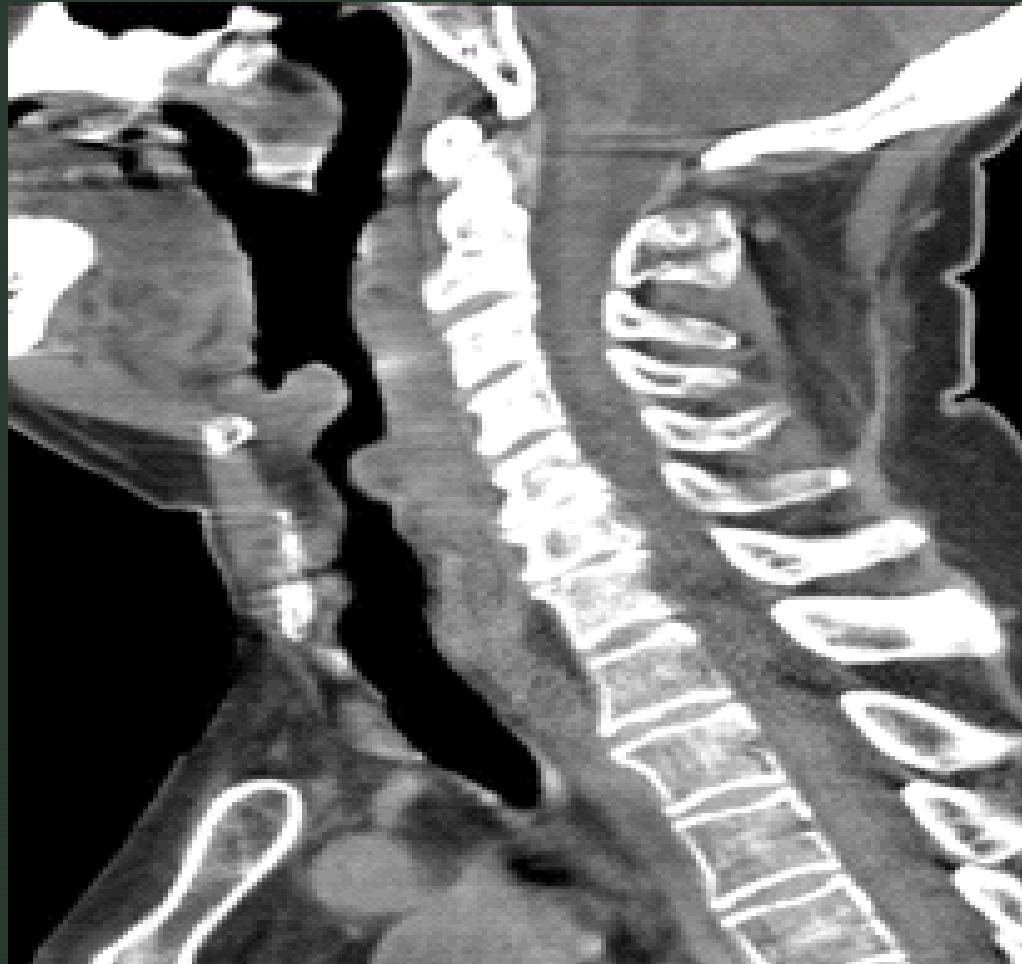
Chest X-Ray



Soft Tissue X-Ray



CT Soft Tissue Neck w/out Contrast



Initial Laboratory Values

Table 1: Admission Laboratory Values

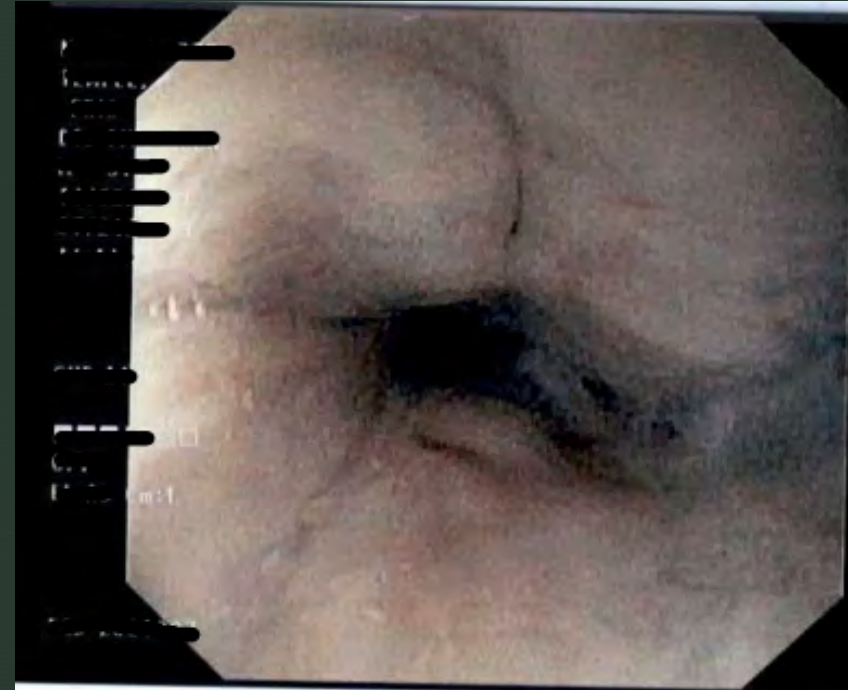
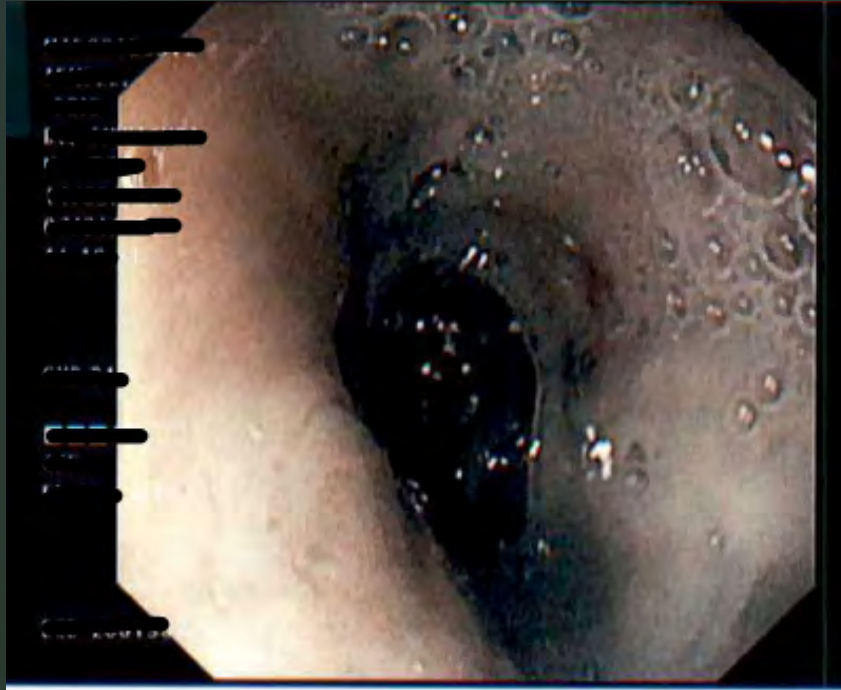
WBC	12.8 k/uL	H
Hemoglobin	13.7 gm/dL	
Sodium	127 mmol/L	L
Chloride	82 mmol/L	
Blood urea nitrogen	42 mg/dL	H
Anion Gap	33	
Platelets	262,000	N
Hematocrit	40.4%	
Potassium	4.4 mmol/L	N
CO ₂	16 mmol/L	
Creatinine	4.1 mg/dL	H
Liver: ALT/AST/ALP	88/108/69	
Lactic acid	9.6 mmol/L	H
Creatine kinase	246 uL	H
Ethanol level	380mg/dL	H
Glucose	90 mg/dL	N
Protime	9.6 seconds	N
International normalized ratio	0.8	N

N=normal result; L=low result; H=high results

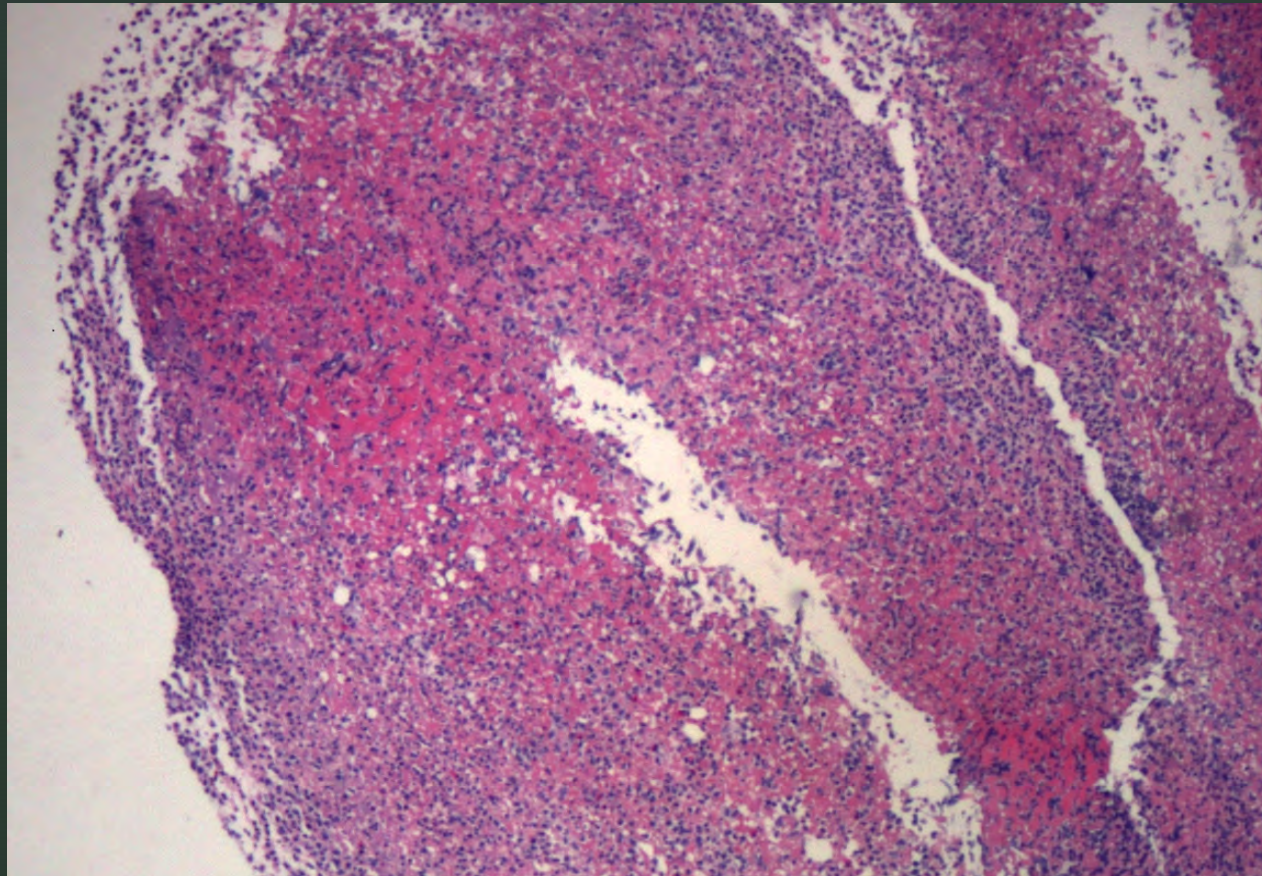
Initial Management

- Septic vs Hemorrhagic Shock
 - Intravenous fluids
 - Intravenous antibiotics
 - Intravenous steroids
 - Proton pump inhibitor
 - Intubated – successfully extubated 48 hours later

Initial EGD
48-hours post admission

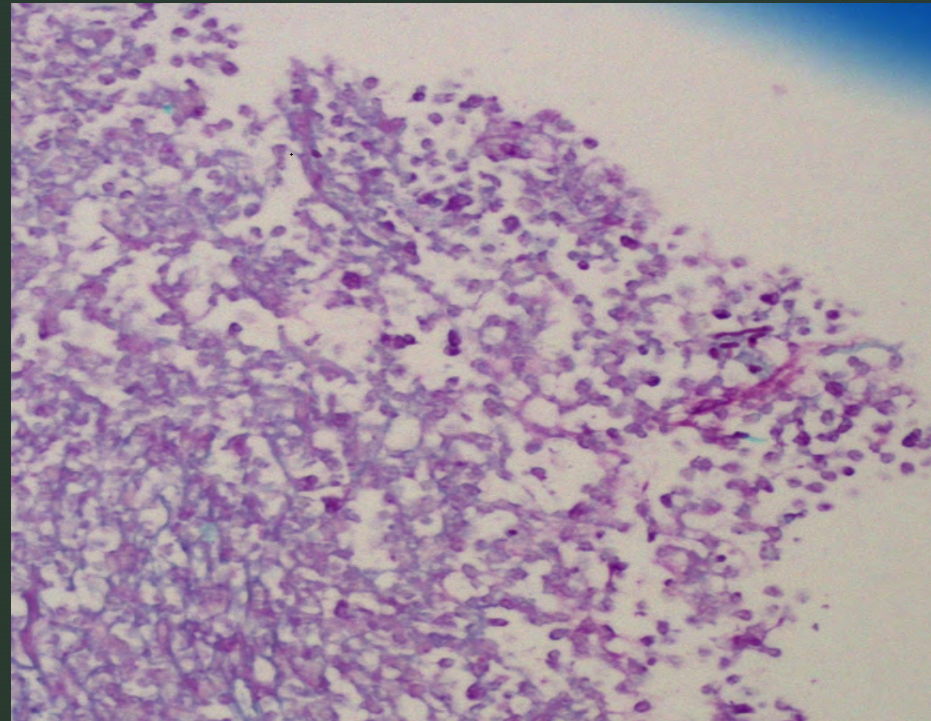


Biopsy



Treatment – Continue'd

- Treatment with PPI and Sucralfate
- Surveillance biopsy 48-hours post initial EGD



Treatment – Continue'd

- PPI
- Sucralfate
- Speech Pathology
- Fluconazole
- Clear liquid to full liquid
- Discharged to Home Health

Acute Esophageal Necrosis

- Combination of
 - Corrosive Injury
 - Decreased mucosal barrier
 - Ischemic Injury
 - Hypotension
- Characteristic of diffuse circumferential black appearance of esophageal mucosa on EGD

Incidence and Prevalence

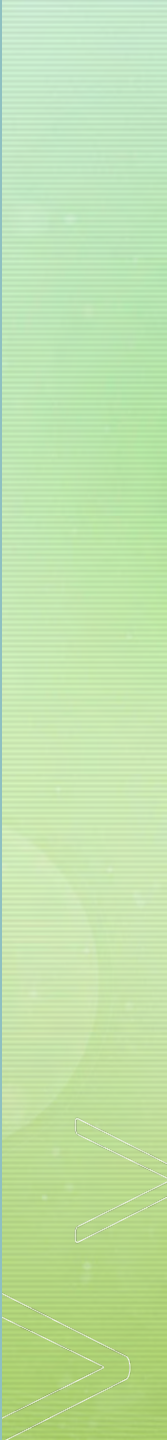
- Multiple retrospective studies estimate an incidence rate of 0.01 to 0.28%
- Two large retrospective series that have combined findings of greater than 100,000 endoscopies have found 12 cases of necrotizing esophagitis leading to an estimated incidence rate of 0.01%.
- Another retrospective study of 10,295 endoscopies found 29 cases of AEN leading to an estimated incidence rate of 0.28%
- Reports suggest that AEN affects male gender four times greater than females with an average age in the 60s; however, documents have reported this disease to be affecting almost every age group.
- Estimated mortality rate of 30-50%

Risk Factors

- Male Sex
- Advanced Age
- Cardiovascular compromise
- Diabetes Mellitus
- Chemical Injury
- Immunocompromised State



Typical Presentation

- Hematemesis
 - Coffee ground emesis
 - Melena
 - Asymptomatic findings during routine endoscopy.
 - Associated symptoms also include epigastric pain, vomiting, dysphagia, odynophagia, nausea and fever.
- 



Unique Presentation

- Neck swelling
- Oropharyngeal swelling
- Signs of epiglottitis

Complications

- Perforation
- Mediastinitis
- Sepsis
- Abscess
- Empyema

Treatment

- Hemodynamic stability
- PPI
- Sucralfate
- Treatment of underlying medical condition



Acknowledgements

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- Questions?





- Thank you.

