Reviewer's report

Title: Chronic Presentation of Boerhaave's Syndrome

Version: 1 Date: 11 September 2009

Reviewer: John Plukker

Reviewer's report:

Most patients with a Boerhaave syndrome presents with acute lower chest pain with epigastric tenderness shortly after excessive vomiting followed by mediastinal or subcutaneous emphysema, the so-called Meckler’s triad. Sometimes, usually when the rupture is confined to the mediastinum the symptoms may be mild and the patient not that sick with normal vital signs and absence of septic signs, till progression of symptoms after some period.

History and radiographic examination i.e plain chest radiographs showing mediastinal or free air with widened mediastinum are the cornerstone of the early diagnosis for this syndrome. In the more early cases water soluble contrast radiographic examination still is the gold standard. This can also be performed with contrast CT for localisation. Endoscopic localisation may cause further rupturing and is only recommended in combination with stenting. In absence of signs or suspicious very small tears a conservative procedure with antibiotics could be performed. Otherwise a VATS procedure with drainage and cleaning of mediastinal debris eventually in combination with stenting is to be prefere above esophageal resection with cervical esophagostomy.

We have described early results of conservative methods in Selective approach in the treatment of esophageal perforations.

Amir AI et al. Scand J Gastroenterol. 2004 May;39(5):418-22. As this report was one of the first recommended a conservative approach with minimal morbidity and mortality it is worthy to be mentioned.

The case report is well-written and I recommend publication with some minor changes, as can be found above.