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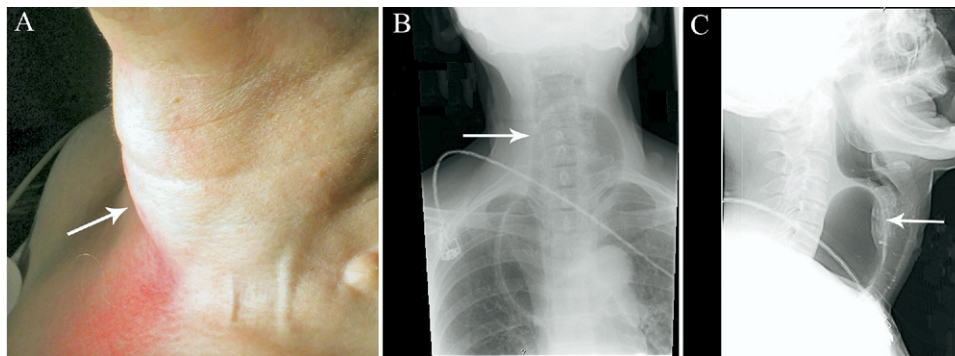


Figure 1. A, Photograph of anterior neck swelling. B, Anterior-posterior neck and chest radiograph. C, Lateral neck radiograph. Used with permission of Neil Ruparelia, MBBS, MRCP, Department of Cardiology and General Medicine, John Radcliffe Hospital, Headley Way, Oxford, England.

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A 72-year-old woman with longstanding achalasia of the esophagus developed acute-onset nausea and vomiting. After a period of particularly intense retching, she complained of sudden-onset dyspnea. On arrival to the emergency department, she was in respiratory distress, and examination revealed a large anterior neck swelling (Figure 1A, arrow) and stridorous breath sounds. The remainder of examination results were unremarkable.

For the diagnosis and teaching points, see page 593.

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25. Olsson M, Hansagi H. Repeated use of the emergency department: qualitative study of the patient's perspective. *Emerg Med J*. 2001;18:430-434.
26. Andren KG, Rosenqvist U. Heavy users of an emergency department: psycho-social and medical characteristics, other health care contacts and the effect of a hospital social worker intervention. *Soc Sci Med*. 1985;21:761-770.
27. Malone RE. Whither the almshouse? Overutilization and the role of the emergency department. *J Health Politics Policy Law*. 1998; 23:795-832.
28. Padgett DK, Brodsky B. Psychosocial factors influencing non-urgent use of the emergency room: a review of the literature and recommendations for research and improved service delivery. *Soc Sci Med*. 1992;35:1189-1197.
29. Lockett DM, Campbell JF. The effects of aerobic exercise on migraine. *Headache*. 1992;32:50-54.
30. Blank FS, Li H, Henneman PL, et al. A descriptive study of heavy emergency department users at an academic emergency department reveals heavy ED users have better access to care than average users. *J Emerg Nurs*. 2005;31:139-144.
31. Maxwell K, Streetly A, Bevan D. Experiences of hospital care and treatment seeking for pain from sickle cell disease: qualitative study. *BMJ*. 1999;318:1585-1590.
32. Sawyer J. Sickle cell pain management meets technology: Everybody wins. *J Acute Pain*. 2005;7:1-3.
33. Pletcher MJ, Kertesz SG, Kohn MA, et al. Trends in opioid prescribing by race/ethnicity for patients seeking care in US emergency departments. *JAMA*. 2008;299:70-78.

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DIAGNOSIS

Acute airway obstruction as a result of esophageal herniation. Anterior-posterior and lateral radiographs of the chest and neck revealed a large loop of esophagus had herniated into the neck, with subsequent anterior displacement of the trachea and larynx (Figure 1B, arrow; Figure 1C, arrow). Esophageal herniation into the neck causing significant respiratory compromise is uncommon and we could not find any reported cases. Although the patient remained well oxygenated, ongoing distress and discomfort led to the insertion of an endotracheal tube under direct visualization, with the aid of nasal endoscopy. After a period of ventilation, the esophageal herniation was reduced with an endoscope. The patient made a full recovery and subsequently underwent laparoscopic surgery to prevent recurrence. Although an uncommon cause of acute respiratory distress presenting to the emergency physician, extratracheal causes of airway compromise should be considered when one is faced with a patient with a history of persistent vomiting. The immediate management should ensure oxygenation, and reduction of the hernia should be considered in the emergency setting under direct visualization to ensure that risks such as esophageal perforation are minimized. Long-term management includes laparoscopic repair to prevent recurrence.