IMAGE OF THE ISSUE

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Esophageal Intramural Hematoma after Eating Mochi

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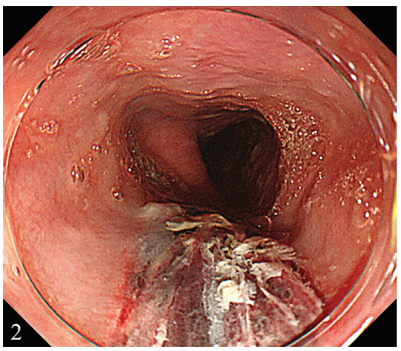

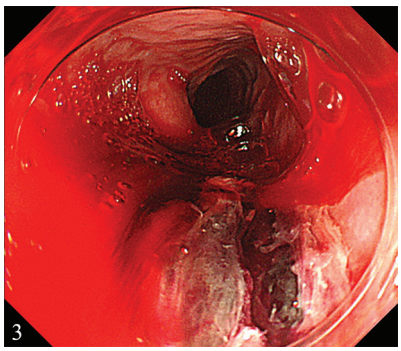

A woman in her 50s consumed mochi, a traditional Japanese food made from kneaded rice, without chewing it thoroughly. Immediately after swallowing, she experienced a gag reflex and a persistent sensation of fullness in her neck and chest. She presented to the emergency department that night. She had no relevant medical history or medications. Her vital signs and laboratory results were unremarkable. Computed tomography showed an approximately 2-cm isodense lesion in the upper esophagus, suggesting a possible foreign body (Fig. 1). She improved spontaneously and was observed with fasting and intravenous fluids. Esophagogastroduodenoscopy (EGD) performed the next morning showed no visible foreign body, suggesting spontaneous passage of the mochi. However, it revealed a fragile, longitudinal esophageal intramural hematoma (EIH) (Fig. 2), which ruptured easily upon contact with the endoscope (Fig. 3). She remained asymptomatic and was conservatively managed. Oral intake resumed the next day, and she was discharged the same day. A follow-up EGD six weeks later showed complete scarring of the hematoma.

Esophageal intramural hematoma is a rare condition caused by a sudden increase in intraesophageal pressure or direct mucosal trauma, sometimes triggered by food ingestion [1, 2]. Although mochi is recognized for causing airway obstruction and gastrointestinal blockage due to its sticky texture [3, 4], its association with EIH has not been previously reported. In contrast to prior cases involving sharp or bulky food items that caused mechanical trauma [1, 2], this case involved a soft food. The likely mechanism was a sudden rise in intraesophageal pressure associated with a gag reflex, a phenomenon also observed in EIH after vomiting or retching [5, 6]. EIH generally follows a benign course and resolves with conservative treatment such as fasting, intravenous fluids, and acid suppression. Early recognition of EIH in patients presenting with acute chest symptoms after retching or dysphagia may help avoid unnecessary endoscopic or surgical interventions.

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Conflicts of interest: None to declare.

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