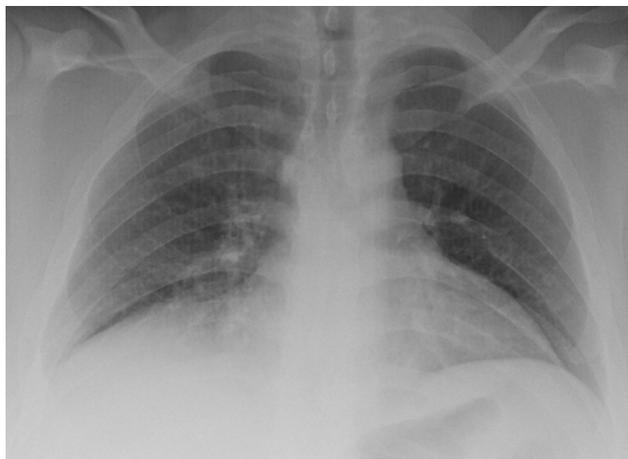


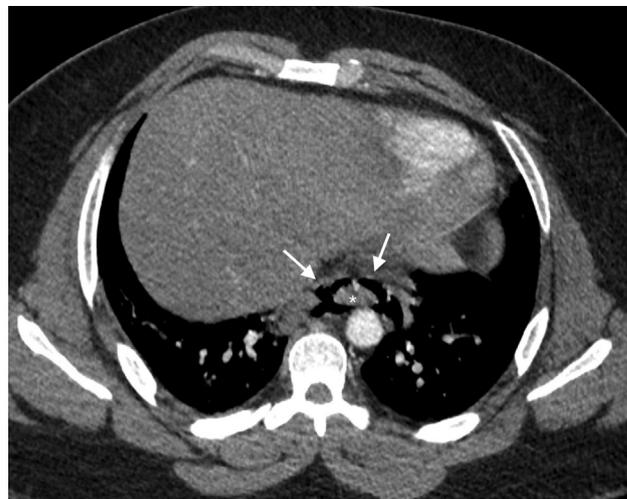


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<https://doi.org/10.1016/j.annemergmed.2018.11.023>

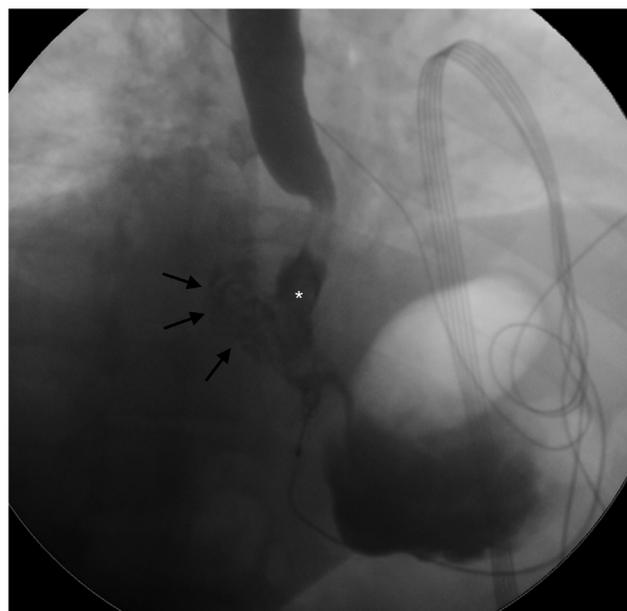
**Figure 1.** Chest radiograph (posterior-anterior view) demonstrating low lung volumes without pleural effusions or pneumomediastinum.



**Figure 2.** CT of the chest (axial view) demonstrating free air (arrows) around the esophagus (asterisk).



**Figure 3.** CT of the chest (coronal view) demonstrating free air (arrows) around the esophagus (asterisk).



**Figure 4.** Water-soluble contrast esophagram showing extravasation of contrast (arrows) from the distal esophagus (asterisk) into the mediastinum.

[Ann Emerg Med. 2019;73:415.]

A 32-year-old man with remote history of esophageal stricture and dilatation presented with severe epigastric and back pain immediately after eating chips with guacamole. On arrival to the emergency department, he was in distress, with a pulse rate of 130 beats/min and respiratory rate of 30 breaths/min. There was no palpable crepitus. His initial lactate level was 31.5 mg/dL (normal range 4.5 to 19.8 mg/dL). Chest radiograph, computed tomography (CT) scan, and esophagram were conducted (Figures 1 to 4).

*For the diagnosis and teaching points, see page 418.*

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my administrative colleagues immediately went to the C suite to express their disapproval of how I responded to being verbally abused and physically threatened.

The hospital administration quickly contacted my group who, in turn, promptly disciplined me based on the hospital's input rather than asking for my account of what had happened. I cried as I shared with them what this individual said to me, how much larger this person was compared to me, and how threatening the use of body language was. It didn't matter. It was still my fault.

*I should have handled that better. I should have done something different to de-escalate the situation. I should have worked out more and lost another 10 pounds. Oh, wait...am I talking about my marriage or my job?*

This whole event reflected painful aspects of my own marriage: my feelings don't matter, my needs don't matter, my physical and emotional health don't matter...and everything was my fault.

What are we doing? How have we allowed things to get this far? Why are physicians killing themselves at such an alarming rate? Why is my work environment, which happens to be the best job I've ever had, so persistently awful that it made my abusive marriage seem like an acceptable situation? This is jarring and disturbing. Even worse, I am in this juggernaut, and my one small voice cannot possibly stem the tide that is drowning us as a profession.

I am sure that I am not the only physician who is going through this painful cycle of abuse at work and, sadly enough, at home. Perhaps we really can have a serious and necessary conversation about this at some point and enact changes in our community. We must stop abusing one another, and we must insist on personal safety and dignity for ourselves and for our colleagues. I, for one, will continue to fight for us all to have a safe and dignified work place.

## IMAGES IN EMERGENCY MEDICINE

(continued from p. 415)

### DIAGNOSIS:

*Distal esophageal rupture with mediastinitis.* Esophageal rupture is rare but has significant morbidity and a mortality rate of greater than 15%,<sup>1</sup> and should be considered as part of the differential diagnosis in patients presenting with severe epigastric, chest, or back pain. Thoracic radiograph results are nonspecific. Findings include free mediastinal, intraperitoneal, or subcutaneous air but are rarely diagnostic.<sup>2</sup> Contrast esophagram or CT scan with water-soluble oral contrast should be performed for definitive diagnosis and to determine whether emergency surgery is indicated. Initial management including resuscitation, antibiotics, and surgical evaluation must occur promptly because the mortality rate doubles if treatment is delayed greater than 24 hours.<sup>3</sup>

The patient was taken urgently to the operating room, where a 7-cm spiral tear and a 4-cm esophageal mass were found just proximal to the gastroesophageal junction. The mass was thought to be the precipitant of the tear. Purulence and food matter consistent with black beans were noted in the mediastinum. The mass was resected and the esophagus was repaired. The patient was discharged home on postoperative day 12.

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