Mallory-Weiss

Mallory-Weiss syndrome describes mucosal lacerations, leading to bleeding at the junction of the stomach and esophagus. This often results from forceful vomiting, which may be a consequence of eating disorders or alcoholism. Diagnosis is made through endoscopy, through which treatment (if needed) can also take place.

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Characteristics

Bleeding From Tears in Mucosa

Bleeding From Tear in Mucosa

This syndrome occurs after tears are formed in the mucosa and submucosa of the gastroesophageal junction, leading to bleeding. These tears do not occur in the muscular layer, unlike in Boerhaave syndrome where lacerations are transmural

Forceful Vomiting

Vomiting

The tears in Mallory-Weiss syndrome occur as a consequence of forceful vomiting and violent retching, which increases esophageal pressure. Conditions such as alcoholism, hyperemesis gravidarum and eating disorders may predispose patients to development of Mallory-Weiss as they vomit more frequently.

Alcoholism

Alcoholic-martini

Patients with alcoholism are at risk for developing this syndrome as frequent intoxication leads to more frequent vomiting and thus risk of tears.

Eating Disorders (Bulimia)

Bulimia-bully

Patients with eating disorders, such as bulimia nervosa, who regularly vomit forcefully may develop such tears.

Painful Hematemesis

Pain-bolts and Blood in Vomit

A common symptom which may clue-in a provider to this condition is hematemesis. Patients may present with an episode of vomiting up blood, and may have a history of retching. This hematemesis is typically painful, with pain typically radiating to the epigastrium or back.

Diagnosis

Endoscopy

Endoscopy

Diagnosis of the mucosal tears from Mallory-Weiss syndrome can be made through endoscopy. Treatment is usually supportive, but in severe bleeds cauterization or epinephrine injection may also be done during endoscopy.

Management

Observation

Observatory

The bleeding from Mallory-Weiss syndrome is typically self-limited and resolves with time. If bleeding persists, endoscopic hemostasis or embolization may be effective in preventing further hemorrhage.