

MALLORY WEISS SYNDROME IN THE SETTING OF MULTIPLE SEIZURES

Pooja Maknoor MD, Himabindu Kolli MD, Nestor Gerardo Astorga MD, Timothy Heath MD

Background

Mallory-Weiss syndrome is a longitudinal mucosal laceration in the distal esophagus and proximal stomach, usually associated with forceful retching or vomiting. Here, we present a case of Mallory Weiss syndrome in the setting of multiple seizures without any retching or vomiting.

Case Presentation

A 64-year-old man with history of epilepsy on anticonvulsant medications presented to the emergency department with complaints of multiple seizures. During the initial evaluation, he was alert, in no acute distress and was answering questions appropriately. He denied any trauma, loss of consciousness, nausea, vomiting, retching, tongue biting or incontinence. On examination, blood pressure was 92/53 mmHg and heart rate 98. His labs were significant for normocytic anemia with a hemoglobin of 9.7. In the ED, he had another seizure with no reported nausea, vomiting or retching. He was stabilized with anticonvulsants and IV hydration. Despite adequate fluid resuscitation, the patient remained hypotensive and was started on norepinephrine for undifferentiated shock. A few hours later, he had large volume hematemesis and developed hemorrhagic shock. On examination, he was lethargic but arousable. Repeat labs showed a drop in hemoglobin from 9.7 to 4.7. Patient received IV fluids, blood transfusions and required an additional pressor. He was also started on pantoprazole infusion, metoclopramide, and octreotide. After the patient was stabilized, EGD was performed and revealed a Mallory Weiss tear at gastroesophageal junction which was treated with an epinephrine injection. Patient was subsequently weaned off the pressors and discharged home with adjustments to anticonvulsants and a follow up appointment.

Conclusion

It is essential to recognize gastrointestinal bleeding as a cause of cardiovascular collapse in the setting of seizures, despite absence of typical symptoms such as nausea, vomiting or retching. High suspicion may lead to early surveillance and prevention of Mallory-Weiss tear in epileptic patients.