



Sample Translation

Language combination: Spanish to English

Scope of project: 166 words

Subject field: Medical

Document type: Case Report

Español

Carta al Director

Se trata de una mujer de 80 años que acude al servicio de urgencias por dolor torácico, náuseas y disnea. Como antecedentes personales destacaba un infarto agudo de miocardio no Q con colocación de stent farmacoadesivo sobre la arteria descendente anterior 2 años antes. Recibía tratamiento con AAS 100 mg y clopidogrel 75 mg cada 24 horas. Ya en urgencias, se objetivó un único episodio de hematemesis, encontrándose la paciente en todo momento estable hemodinámicamente. La analítica extraída mostraba una hemoglobina en 12,4 g/dl y unas plaquetas en 300.000/mm³, sin otras alteraciones. Se realiza TAC toraco-abdominal para descartar patología aórtica aguda, mostrando este un engrosamiento de la pared del tercio distal esofágico, sin otros hallazgos patológicos. Tras el mismo, se realiza una endoscopia digestiva alta objetivándose un hematoma longitudinal (fig. 1) que ocupa aproximadamente el 20% de la luz a nivel de tercio medio e inferior esofágico. Se asienta sobre una mucosa edematosa, sin apreciar en ella sangrado activo ni rotura de la misma (fig. 2).

English

Letter to the Editor

We describe the case of an 80-year-old woman who attended the Emergency Department with chest pain, nausea and dyspnoea. She has a medical history of acute non-Q-wave myocardial infarction with the implanting of a drug-eluting stent on the anterior descending artery 2 years earlier. Usual medications include aspirin 100 mg and clopidogrel 75 mg every 24 hours. Once in the Emergency Department, a single episode of haematemesis was observed, but patient remained haemodynamically stable at all times. Blood results revealed haemoglobin 12.4 g/dl and platelets 300,000/mm³, with no other abnormalities.

A chest and abdominal scan was performed to rule out any acute aortic disease which revealed distal third oesophageal wall thickening with no other pathological findings. Afterwards, an upper gastrointestinal (GI) endoscopy was conducted revealing a longitudinal haematoma (Fig. 1). This occupied about 20% of the lumen of the middle and lower third of the oesophagus and rested on an oedematous mucosa. No active bleeding or ruptures were observed (Fig. 2).

