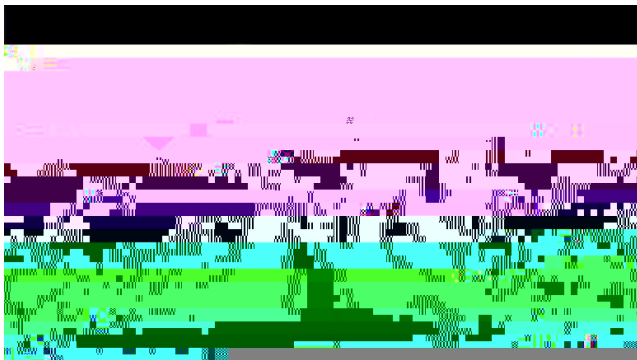


**Figure 3:** CT chest (lung window) revealing extensive subcutaneous emphysema, pneumopericardium and pneumomediastinum.



**Figure 4:** CT chest (soft tissue window) showing subtle contrast extravasation from the anterolateral aspect of the oesophagus at the level of the T2 vertebra.

The patient was subsequently transferred to a specialist cardiothoracic surgery facility, but subsequently demised within 72 hours due to culture-negative septicemia.

## Results and Discussion

This is a typical case of Boerhaave's syndrome with a suggestive history, classic presenting complaints and physical findings on examination. The multi-organ involvement emphasizes the risk of glyphosate ingestion and the widespread effects thereof. Earlier instituting of treatment in this case could have prevented some of the complications, but was impossible due to the late presentation to a healthcare facility.

The importance of a CXR is clearly demonstrated in this case. Any patient with caustic ingestion is at risk of multiple complications, including the ones demonstrated in this report. The diagnostic dilemma in any non-trauma related patient with abnormal air seen on CXR is to identify the source of air. The approach to diagnosing the cause for abnormal air is dependent on multiple factors including the available resources, clinical expertise and clinical condition of the patient.

## Conclusion

The lesson from this case is to maintain a high index of suspicion for Boerhaave's syndrome in patients with a suggestive history as this is a relatively rare condition. Continuous clinical monitoring with timeous radiological investigation is some of the aspects of caring for such a patient. Early identification directs management strategies and prevents further organ damage.

## Ethics Approval and Consent for Publication

Approval was obtained from the treating facility for publication.

## Availability of Data and Material

Data was obtained from patient notes with consent from the patient.

## Competing Interest

The authors declared no conflicts of interest.

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## Author Contributions

Beyers, BD-Data capture, writing and editing

Landman, FR-writing and editing

Jacobs, SJ-Writing and editing

Beyers, A-Writing and editing Gonzalez Rodriguez, LN specialist review Swartbooi, A specialist review

## Consent

Consent was obtained from the patient and anonymity is ensured.

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