

# Certificate of English Language Editing



## Manuscript Title:

Submucosal esophageal abscess evolving into intramural submucosal dissection: a case report and literature review

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An 80-year-old woman was admitted to our emergency department with the chief complaint of dysphagia and fever lasting 14 days. She also had a sore throat, hypertension, and type 2 diabetes. On examination, the patient was febrile and tachycardic. Laboratory tests showed mild leukocytosis and elevated C-reactive protein level. Chest computed tomography showed eccentric thickening of the esophageal wall. Esophageal carcinoma was our first consideration. To confirm this diagnosis, we performed upper endoscopy, which showed a laceration of the esophageal mucosa 30 cm distal to the incisors and a submucosal mass right above the esophagogastric junction. Spontaneous drainage of the submucosal mass occurred, and we could see purulent exudate from the crevasse, so the diagnosis of “esophageal submucosal abscess” was made. Then we closed the laceration with metal endoscopic clips (Figure 1).

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