CONDITION

Mallory-weiss tear

A Mallory-Weiss tear is a split in the lining where the food pipe meets the stomach, usually caused by forceful vomiting.

WHAT IT IS
Tear at the food pipe and stomach junction

BODY SYSTEM
Digestive system

MAIN SYMPTOMS
Vomiting blood, coffee-ground vomit, black stools, dizziness

WHAT CAUSES IT
Pressure from forceful vomiting or retching

HOW IT IS DIAGNOSED
Upper digestive endoscopy

MAIN TREATMENT
Supportive care and endoscopic bleeding control

CAN IT BE CURED?
Yes - most tears heal after bleeding stops

IS IT AN EMERGENCY?
Sometimes - with vomiting blood, black stools, or fainting

LONG-TERM OUTLOOK
Usually full recovery after bleeding is controlled

Overview

A Mallory-Weiss tear is a split in the inner lining of the upper digestive tract. It usually forms where the esophagus, or food pipe, joins the stomach. The tear does not normally pass through the full thickness of the wall.

It most often happens after repeated or forceful vomiting or retching. These actions sharply increase pressure inside the stomach and lower esophagus. Less often, severe coughing, straining, or another sudden pressure change may cause a tear.

The main concern is bleeding. You may vomit bright red blood, bring up material that looks like coffee grounds, or pass black, sticky stools. The amount of bleeding can range from small streaks to a substantial blood loss.

Many Mallory-Weiss tears stop bleeding on their own and heal without long-term problems. However, bleeding from the upper digestive tract needs prompt assessment because other conditions can cause similar symptoms. Heavy or continuing blood loss can also affect blood pressure and circulation.

A Mallory-Weiss tear is an injury rather than a chronic digestive disease. It is not cancer, and it does not usually turn into cancer.

Symptoms

Vomiting blood is the most recognizable symptom. The blood may be bright red if it is fresh. Darker vomit that resembles wet coffee grounds contains blood that has been partly changed by stomach acid.

Blood may also travel through the digestive tract and appear as black, sticky, unusually strong-smelling stool. This is called melena . A large or rapid bleed can sometimes produce dark red or maroon stool.

Other symptoms may reflect blood loss rather than the tear itself:

Pain may be mild or absent. Severe chest, neck, or upper abdominal pain after vomiting is not typical of a simple Mallory-Weiss tear. It can suggest a deeper injury and requires emergency assessment.

Symptoms alone cannot confirm the cause. Stomach ulcers, enlarged veins in the esophagus, inflammation, and other sources of upper digestive bleeding can look similar.

- Dizziness, light-headedness, or fainting
- Weakness, unusual tiredness, or shortness of breath
- A fast heartbeat
- Pale, cool, or clammy skin
- Upper abdominal discomfort

Causes and risk factors

A tear usually develops when forceful vomiting or retching creates a sudden pressure difference across the junction between the esophagus and stomach. The lining stretches and splits.

Situations linked with this pressure include:

Not everyone with these experiences develops a tear. Sometimes there is no clear trigger.

A hiatal hernia, in which part of the stomach moves upward through the diaphragm, may be present in some people with a Mallory-Weiss tear. It does not prove that the hernia caused the bleeding.

Blood-thinning medicines, including anticoagulants and antiplatelet medicines, do not necessarily create the tear. They can make bleeding harder to stop. Medicines such as aspirin and other non-steroidal anti-inflammatory drugs like ibuprofen or naproxen may also increase digestive bleeding risk.

Do not stop a prescribed blood thinner like warfarin or apixaban on your own. A healthcare team weighs the risk of continued bleeding against the reason you need the medicine.

- Repeated vomiting from a stomach infection, migraine, pregnancy, or another illness
- Heavy alcohol use, particularly when it leads to vomiting
- Recurrent vomiting linked with an eating disorder
- Severe coughing or prolonged hiccups
- Straining or another sudden increase in abdominal pressure
- Seizures or physical trauma

Diagnosis

Assessment begins with your symptoms, recent vomiting or retching, medicines, alcohol use, and medical history. Your pulse, blood pressure, breathing, and level of alertness help show whether blood loss is affecting circulation.

Blood tests may check:

These tests assess the effects of bleeding, but they do not confirm a Mallory-Weiss tear.

An upper digestive endoscopy is the test that can confirm the diagnosis. During this procedure, a clinician passes a thin, flexible camera through the mouth to examine the esophagus, stomach, and first part of the small intestine. Sedation is often used to make the procedure more comfortable.

Endoscopy can show the tear, whether it is still bleeding, and whether another condition is responsible. Treatment can often be carried out through the endoscope at the same time.

The timing of endoscopy is based on how stable you are and whether bleeding appears to be continuing. Stabilizing breathing and circulation comes first when blood loss is substantial.

- Your red blood cell level for signs of anemia
- How well your blood is clotting
- Kidney function and blood chemistry
- Your blood group in case a transfusion is needed

Treatment and management

Initial care focuses on circulation and controlling nausea or vomiting. You may temporarily be asked not to eat or drink while the cause and severity of bleeding are assessed.

Fluids can be given through a vein if you are dehydrated or your blood pressure is low. A blood transfusion may be needed after significant blood loss. The decision is based on the overall situation, including symptoms, test results, continued bleeding, and other health conditions.

Medicines may be used to reduce nausea and prevent more retching. Acid-suppressing treatment may also be given to reduce irritation while the injured lining heals. These treatments should be selected by the healthcare team managing the bleeding.

Many tears have already stopped bleeding by the time endoscopy is performed. If active bleeding is seen, it can often be controlled during the procedure. Endoscopic treatment may use clips, heat, electrical energy, or an injected medicine to close or seal the bleeding vessel.

If endoscopic treatment does not control a serious bleed, an interventional radiology procedure may be used to block the responsible blood vessel. Surgery is rarely required but remains an option when other measures do not work.

The cause of vomiting also needs attention. This might involve treating an infection, pregnancy-related vomiting, migraine, alcohol-related illness, or another condition. Addressing the trigger reduces the chance of further injury.

Complications

The most important complication is continued or recurrent bleeding. Ongoing blood loss may lead to anemia , meaning there are too few healthy red blood cells to carry oxygen effectively.

A rapid, heavy bleed can cause shock, in which the organs do not receive enough blood and oxygen. Warning signs include fainting, confusion, rapid breathing, cold or clammy skin, and marked weakness. This is an emergency.

Blood from vomiting can occasionally enter the airway and lungs. This is called aspiration and

can interfere with breathing or lead to lung inflammation.

A Mallory-Weiss tear affects the inner lining. It is different from a full-thickness rupture of the esophagus, known as Boerhaave syndrome. A rupture can allow digestive contents to leak into the chest and needs emergency treatment.

Complications are less likely once bleeding has stopped and the cause of repeated vomiting has been controlled.

Prevention

A Mallory-Weiss tear cannot always be prevented. Vomiting may begin suddenly, and some tears occur without an avoidable cause.

When vomiting is persistent, early medical care may help control it before repeated retching causes injury. This is particularly important if you cannot keep fluids down or vomiting is linked with pregnancy, migraine, an eating disorder, or another ongoing condition.

If alcohol regularly causes vomiting, reducing or avoiding it may lower the chance of another tear. Support is available if changing alcohol use is difficult.

Take aspirin, anti-inflammatory pain medicines, anticoagulants, and antiplatelet medicines only as directed. Do not change prescribed treatment because of a past tear without discussing the competing risks with the clinician responsible for that medicine.

Living with it and what to expect

A Mallory-Weiss tear is usually a short-term injury rather than a lifelong condition. Once bleeding stops, the lining commonly heals over the following days. Recovery may take longer if there was substantial blood loss or if the vomiting continues.

You may feel tired while your body replaces lost blood. If anemia developed, follow-up blood tests or treatment may be needed. Keep any arranged appointments even if visible bleeding has stopped.

Your care team may give temporary advice about food, alcohol, activity, and medicines after endoscopy. Return to a normal diet and activity is usually gradual and based on how you feel, the amount of bleeding, and any treatment performed.

Routine repeat endoscopy is not always needed after an uncomplicated recovery. Follow-up is more likely when symptoms continue, the original examination was incomplete, anemia persists, or another digestive condition was found.

Most people do not have lasting swallowing or digestive problems from the tear. It can happen again, especially if forceful vomiting or retching returns, but recurrence is not inevitable.

When to get medical help

Vomiting blood or passing black, sticky stool needs urgent medical assessment, even if the amount seems small. It is not possible to judge the source or severity reliably at home.

Call emergency services now if you have bleeding along with:

Do not drive yourself if you feel faint or unwell. If possible, tell emergency staff about blood thinners, aspirin, anti-inflammatory medicines, alcohol use, and any recent vomiting.

After treatment, contact your healthcare team promptly if black stools return, you vomit blood again, dizziness worsens, or you cannot keep fluids down.

Routine follow-up is appropriate when you are recovering without further bleeding but have scheduled blood tests, anemia treatment, medicine review, or care for the condition that caused the vomiting.

- Fainting, confusion, or difficulty staying awake
- Severe weakness, breathlessness, or a rapid heartbeat
- Cold, pale, or clammy skin
- Heavy or repeated vomiting of blood
- Severe chest or upper abdominal pain after vomiting
- Trouble breathing

Common questions

Is a Mallory-Weiss tear serious?

It can be. Many tears stop bleeding and heal, but some cause substantial blood loss. Any vomiting of blood or black, sticky stool needs urgent assessment because symptoms cannot show how deep the tear is or exclude another cause.

Can a Mallory-Weiss tear heal on its own?

Yes. Many tears stop bleeding without a procedure and then heal. Medical assessment is still important. Endoscopic treatment may be needed if bleeding is active, returns, or affects circulation.

How long does a Mallory-Weiss tear take to heal?

The surface injury often heals over several days after bleeding and vomiting stop. Tiredness from blood loss may last longer. Your recovery may also be affected by the illness that caused the vomiting.

Is it the same as Boerhaave syndrome?

No. A Mallory-Weiss tear usually affects only the inner lining. Boerhaave syndrome is a rupture through the full wall of the esophagus. Severe chest or upper abdominal pain after vomiting, especially with breathing difficulty, requires emergency care.

Can alcohol cause a Mallory-Weiss tear?

Alcohol can contribute when it causes repeated vomiting or retching. It may also increase the risk of other forms of digestive bleeding. A tear can still occur in someone who does not drink alcohol.

Can it happen again?

Yes, another tear is possible, particularly if forceful vomiting returns. Treating the reason for recurrent vomiting and following advice about medicines and alcohol may reduce that risk.

Sources

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