A 48-year-old patient, with a prior history of active alcoholism and smoking, chronic pancreatitis and bilateral pulmonary embolism treated with warfarin, came to the Emergency Department for acute epigastric pain and haematemesis. On arrival haemoglobin levels were 5.7 g/dl, haematocrit was 17.8%, INR 6.7 and prothrombin time of 70 s. An emergency gastroscopy was performed that detected an important haematoma in the oesophagogastric wall, and a CT scan (Fig. 1) revealed a large haematoma in the oesophageal and gastric wall occupying almost completely the oesophageal lumen (arrows) with a point of active bleeding in the lesser gastric curvature coming from the left gastric artery. The patient was admitted to the Intensive Care Unit where a transfusion of 4 concentrates of red blood cells was performed and coagulation was corrected with fresh plasma transfusion and vitamin K. A selective arteriography through the celiac trunk and embolization of the left gastric artery was performed. The patient presented a favourable clinical recovery and was discharge ten days later.