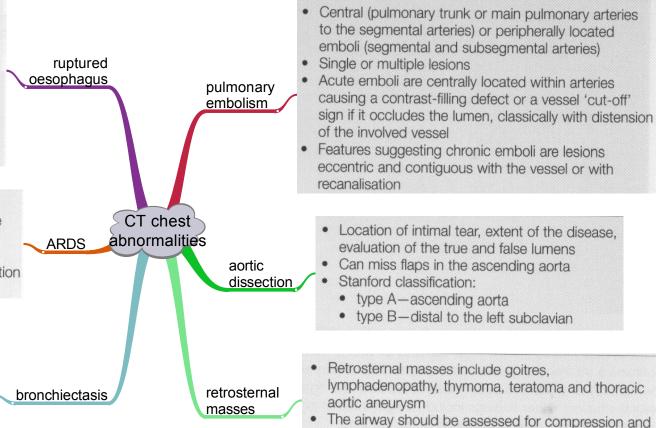
- Extraluminal air in the mediastinum and surrounding the oesophagus
- Mediastinal inflammation with obliteration of mediastinal fat planes
- · Mediastinal and peri-oesophageal fluid
- Oesophageal thickening
- Pleural effusions (usually unilateral)
- Mediastinal abscess with air-fluid levels
- Extravasation of oral contrast medium into the peri-oesophageal tissues
- · Rarely a tract at the site of the tear
 - Early parenchymal consolidation with air bronchograms and ground glass attenuation in the dependent areas; variable pleural effusions, pneumatoceles or pneumothoraces
 - Late fibrosis, traction bronchiectasis, lobular distortion and honeycombing
- · Bronchial wall thickening
- Internal bronchial diameter greater than the adjacent artery
- Lack of bronchial tapering, bronchi within 1 cm of the pleura
- · Clusters of cystic spaces
- Fluid-filled bronchi
- Mediastinal lymphadenopathy



reduced diameter