

[PICTURES IN CLINICAL MEDICINE]

Air Embolism Caused by Mesenteric Ischemia

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Picture 1.

A 67-year-old woman with a history of severe mitral regurgitation and heart failure was admitted electively for mitral valve replacement. At two weeks after surgery she developed diarrhea in hospital. Her inflammatory markers were elevated. An empiric diagnosis of c-difficile colitis was made, and antibiotics were started. However, her condition rapidly worsened and she developed hemodynamic shock, requiring intubation for respiratory support. A post-intubation chest radiograph revealed an incidental finding of pneumobilia (Picture 1). Subsequent computed tomography of the chest and abdomen showed widespread air in the in-

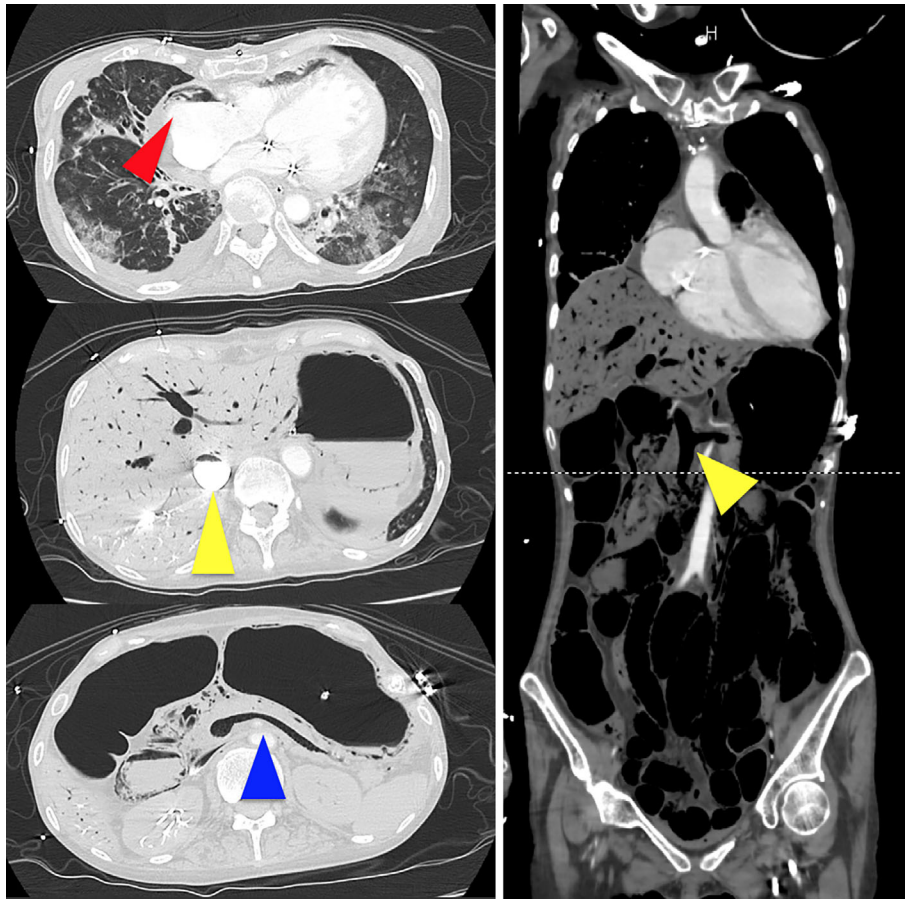
testinal wall, inferior vena cava (IVC), right ventricle, and pulmonary arteries, suggestive of air embolism (Picture 2). Unfortunately, cardiac arrest occurred several hours later, and she could not be resuscitated. The autopsy findings showed patchy areas of small intestine necrosis, independent of the vascular supply and pneumatosis intestinalis consistent with non-occlusive mesenteric ischemia (Picture 3). The cause of death was pulmonary air embolism, with rapid and massive air production caused by mesenteric ischemia (1, 2).

The authors state that they have no Conflict of Interest (COI).

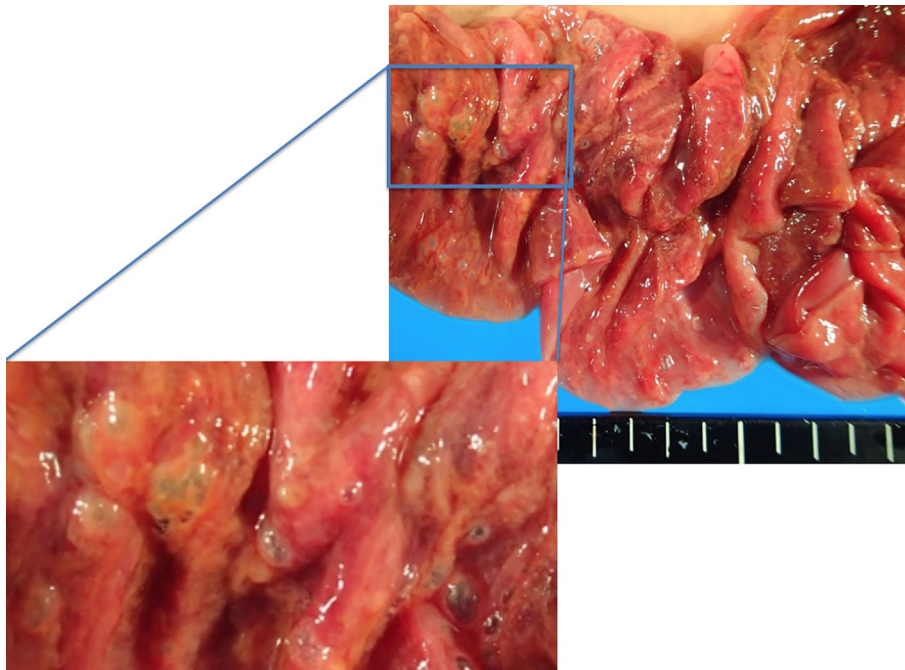
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Picture 2.



Picture 3.

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