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IMAGES IN CLINICAL MEDICINE

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Pneumatosis intestinalis

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A 92-year-old woman was transferred to our hospital because of diarrhea and vomiting. Approximately 1 month earlier, the patient was admitted to another hospital for the treatment of aspiration pneumonia and pyelonephritis. She had been well with hydration and antibiotics including piperacillin-tazobactam until 2 days before this presentation, when diarrhea and vomiting developed. On examination, the patient was alert, the body temperature was 37.4°C, the blood pressure was 123/72 mm Hg, and the pulse was 98 beats per minute. The abdomen was flat and tender, with hypoactive bowel sounds, rebound tenderness, and muscular defense. Urine Gram stain showed gram-negative rods. Computed cosmography (CT) of the abdomen without contrast showed a low-density linear or bubbly pattern of gas in the bowel wall (Figure 1: A, hepatic level; C, renal level; and E, pelvic level). These uncommon findings on CT images were notable in the lung window setting (B, D, and F at the same level as A, C, and E, respectively). A diagnosis of pneumatosis intestinalis, along with pyelonephritis, was made, and meropenem was administered. Symptoms had gradually improved, and follow-up CT, performed after a 10-day meropenem treatment, showed complete resolution of pneumatosis intestinalis (Figure 1: G and H, renal level). The patient was returned to the first hospital in a stable condition. Causes of pneumatosis intestinalis vary, but the clinical course is considered to be benign in cases without thromboembolism, bowel obstruction, or toxic megacolon,[1,2] as seen in our case. The relation between pneumatosis intestinalis and pyelonephritis remains uncertain in the present case.

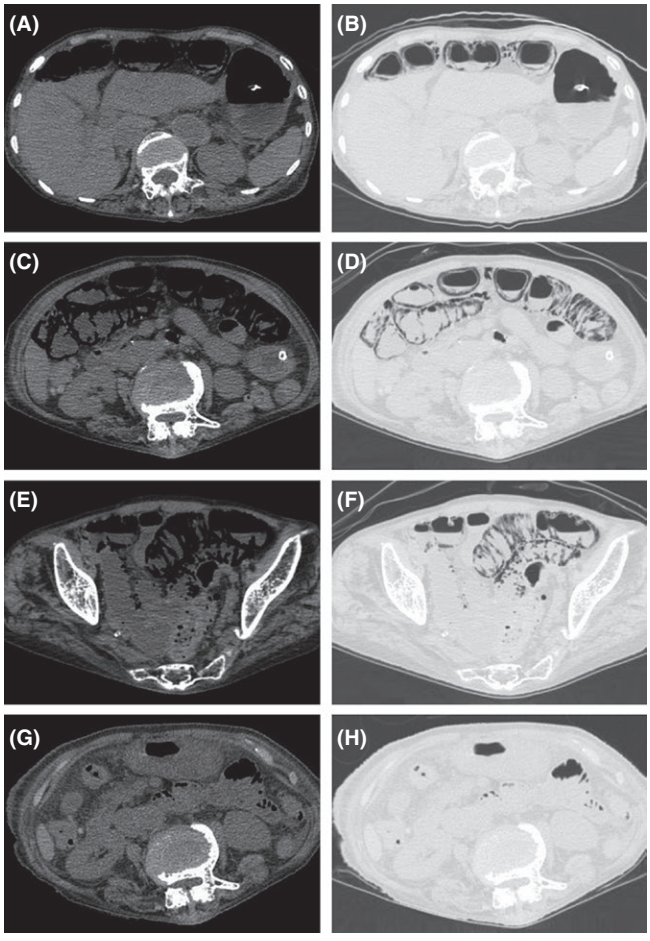

FIGURE 1 Computed cosmography (CT) images of the abdomen without contrast material

CONFLICT OF INTEREST

The authors have stated explicitly that there are no conflicts of interest in connection with this article.

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