

Case	(660) Severe or indolent pneumatosis intestinalis
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CASE PRESENTATION

The patient is an 80-year-old woman admitted as an emergency with diffuse abdominal pain and diarrhea, with deterioration of general condition, leukocytosis, acidosis and suspicion of sepsis with abdominal origin.

A contrast-enhanced abdominopelvic CT scan (portal phase) was performed, and it revealed pneumatosis of the loops of the small intestine, gas in the portal vein and the superior mesenteric vein and lack of mural enhancement of the intestinal loops.

Permeability was observed in the superior and inferior mesenteric arteries.

Consequently, the intestinal involvement was attributed to low output in the context of severe diarrhea.

DISCUSSION

The main causes of pneumatosis intestinalis are:

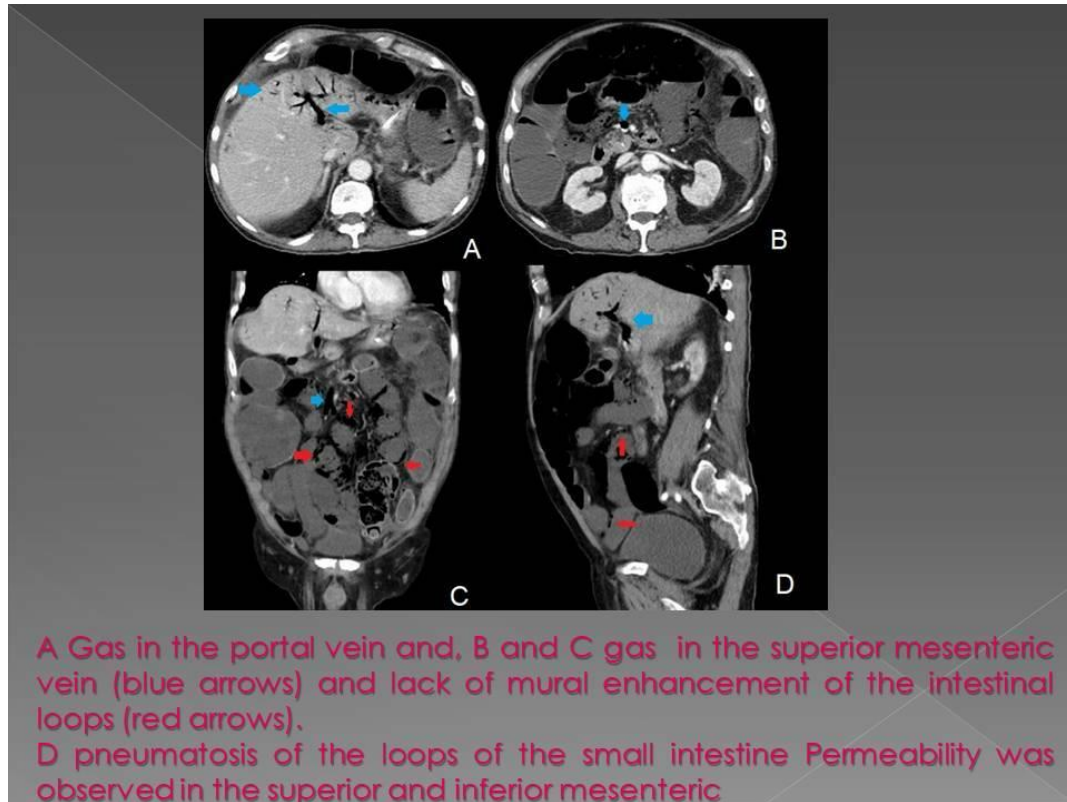
1. Acute mesenteric ischemia: caused by thrombosis or embolism of the superior or inferior mesenteric arteries or veins, as well as by low output scenarios with nonocclusive symptoms.
2. Ischemic colitis: ranging from mild and reversible cases to severe cases with necrosis. The diagnosis is reached with colonoscopy and CT scan in severe cases.
3. Cystic pneumatosis intestinalis: benign pathology with uncertain origin and a generally conservative treatment. Some cases are idiopathic, but most of them are associated with pulmonary disorders or iatrogenesis (endoscopies, bronchoscopies, barium enemas, postoperative states, graft-versus-host disease, and treatment with corticoids, cytostatic drugs, immunosuppressive drugs or antiangiogenics).
4. Other: pneumatosis cystoides intestinalis.

CT is the diagnostic test of choice to establish its etiology, look for potentially treatable causes and assess possible complications. The main radiological findings are air bubbles inside the intestinal wall located in the antimesenteric border of the loops.

The findings that suggest severity are: dilation of the intestinal loops, thickening of the intestinal wall, intense or absent mural enhancement, arterial or venous obstruction, ascites and presence of portomesenteric air, as in the case we present here..

CONCLUSION

Pneumatosis intestinalis is not a condition by itself, but rather a radiological finding that is described as the presence of gas inside the intestinal wall. 25. Its clinical course will depend on its etiology, and in case of ischemia the patient will require emergency treatment.



BIBLIOGRAPHY

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