

Title:

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Pneumatosis cystoides intestinalis: driven by the symptoms

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CASE REPORT

A 65-year-old cardiopath male presented due to three days of abdominal pain. Physical examination showed low blood pressure, abdominal guarding and leukocytosis. Computed tomography (CT) showed multiple cysts in the submucosa layer of a small bowel segment in front of the liver, with a “honeycomb” pattern and pneumoperitoneum (Fig. 1). According to the signs of acute abdomen and the radiological findings, an exploratory laparoscopy was performed in which a small bowel segment with a lot of parietal bubbles was seen, without free abdominal fluid. Attributing these findings as the origin of the acute manifestations, resection of this small bowel segment was performed with mechanical anastomosis (Fig. 2). Postoperative recovery was fine. The surgical specimen was classified as pneumatosis cystoides intestinalis.

DISCUSSION

Pneumatosis cystoides intestinalis is an uncommon disease of uncertain etiology, defined as the presence of submucosal or subserosal gas cysts in the wall of the small or large bowel (1). It is usually a casual finding, with a wide array of symptoms, from diarrhea, pain or bloating, to bowel intussusception, volvulus or obstruction (2). Asymptomatic patients do not need treatment. Symptomatic patients can be treated conservatively (high-flow oxygen, metronidazole, etc.) or may need urgent surgery, as the case reported here. Symptoms will define the treatment, as surgery is required in cases of acute abdomen (3). Therefore, pneumatosis cystoides intestinalis must be considered in the diagnostic and therapeutic arsenal of the gastroenterologist

REFERENCES

1. Napolitano L, Waku M, Maggi G, et al. Cystic intestinal pneumatosis of the small gut: etiopathogenesis and review of literature. *Ann Ital Chir* 2018;7.
2. Goel A, Tiwari B, Kujur S, et al. Pneumatosis cystoides intestinalis. *Surgery* 2005;137(6):659-60. DOI: 10.1016/j.surg.2003.12.014
3. Navajas Serena S, Santos Rodríguez A, Gala Moreno I, et al. Intestinal pneumatosis: a rare and misdiagnosed entity. *Rev Esp Enferm Dig* 2022;114:530-431. DOI: 10.17235/reed.2022.8680/2022

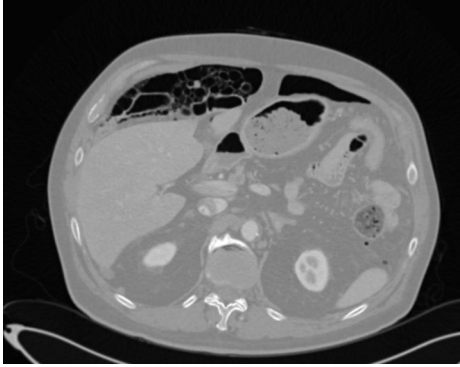


Fig. 1. Computed tomography (CT) showed pneumatosis cystoides intestinalis in front of the liver and pneumoperitoneum.

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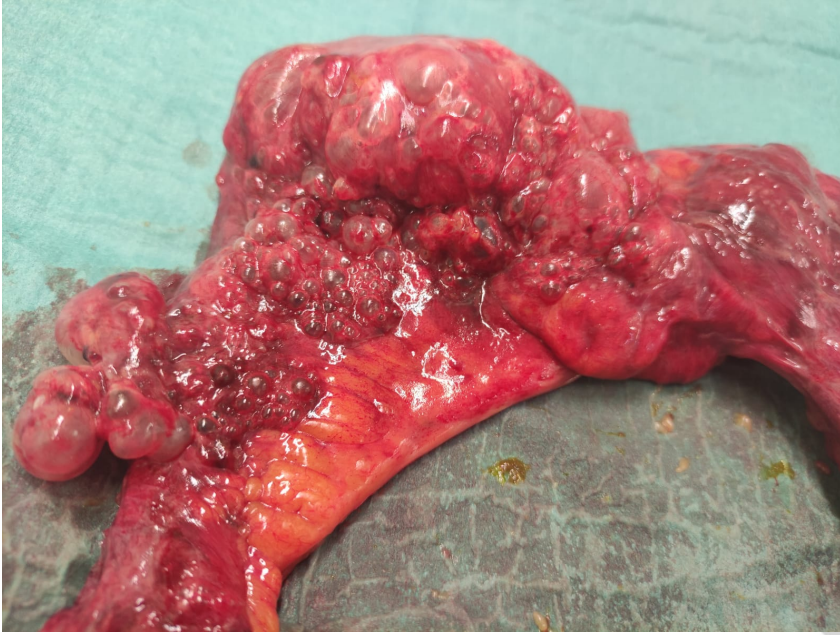


Fig. 2. The resected surgical specimen.

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