PICTURES IN DIGESTIVE PATHOLOGY

Pneumatosis cystoides, CT colonoscopy and endoscopic correlation

Daniel Rodríguez-Sánchez, María Elena Sáez-Martínez, Regina María Sánchez-Jiménez, Juan de-Dios-Berná-Mestre and Florentina Guzmán-Aroca

Department of Radiology. Hospital Clínico Universitario Virgen de la Arrixaca. Murcia, Spain

CASE REPORT

A 52-year-old male participating in a colorectal cancer screening programme and testing positive for faecal occult blood underwent a colonoscopy to the caecum, which detected multiple polypoid nodulations in the right colon wall, most of them confluent. The mucosa was conserved. A single biopsy was performed, which revealed injury collapse. Suspected with microperforation, the patient had a simple abdominal X-ray and a CT colonography to complete the study.

The CT colonography (Figs. 1A: coronal plane, and 1B: axial plane; arrows) showed numerous air-containing cyst formations dependent on the ascending colon wall and proximal portion of the transverse colon. The 3D-type reconstruction of endoscopic images (Figs. 2A and 2B) showed injuries superimposable to those visible on optical colonoscopy (Figs. 2C and 2D). The findings were compatible with cystic pneumatosis of the colon.

Fig. 1. CT colonography with reconstructions in the coronal plane (1A) and axial plane (1B) (arrows) showing numerous air-containing cyst formations dependent on the ascending colon wall and proximal portion of the transverse colon.
DISCUSSION

Intestinal cystic pneumatosis is a rare condition characterised by gas-filled multilocular cysts located in the submucosa and subserosa of the gastrointestinal tract. It is a clinical or radiological entity, not a real pathology, and there may be multiple causes. Depending on the factors involved in its aetiology it is classed as idiopathic (15 %) or secondary (85 %). Although it may appear in any location from the oesophagus to the rectum it most commonly affects the intestine (1,2). When located in the colon, optical colonoscopy shows multiple polypoid lesions covered with normal-looking mucosa. These findings do not help distinguish it from other entities such as lymphoid hyperplasia, hyperplastic polyposis or profound cystic colitis (3). However, CT reveals the presence of air cysts in the bowel wall. Furthermore, CT colonography allows images on different spatial planes and volumetric reconstructions in the form of virtual colonoscopy for proper assessment of its extent and location (4,5).

REFERENCES