

PICTURES IN DIGESTIVE PATHOLOGY

A cause of porto-mesenteric pneumatosis not secondary to intestinal ischemia

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CASE REPORT

A 74-year-old patient with rheumatoid arthritis under treatment with corticosteroids and methotrexate was admitted to the Emergency Department with vomiting, diarrhea (more than 20 depositions during that day), abdominal pain, sweating and rectal bleeding. An abdominal computed tomography (CT) scan was performed that showed a mesenteric ischemia affecting a large segment of the small intestine and gastric walls (Figs. 1 and 2).

An exploratory laparotomy was carried out and the review of the whole abdominal cavity did not show signs of ischemia. The patient fully recovered with medical treatment and finally a coproculture was positive for rotavirus. A control abdominal CT scan six days after the exploratory laparotomy showed a resolution of portal gastric and intestinal pneumatosis (Fig. 3).

DISCUSSION

The finding of portal pneumatosis may be related to multiples etiologies such as intestinal inflammatory diseases, intestinal infectious diseases, chemotherapy and

radiotherapy treatments or advanced stages of intestinal ischemia. The gold standard for diagnosis is computed tomography, and once the findings are observed, proper differential diagnosis must be made to prevent unnecessary laparotomies.

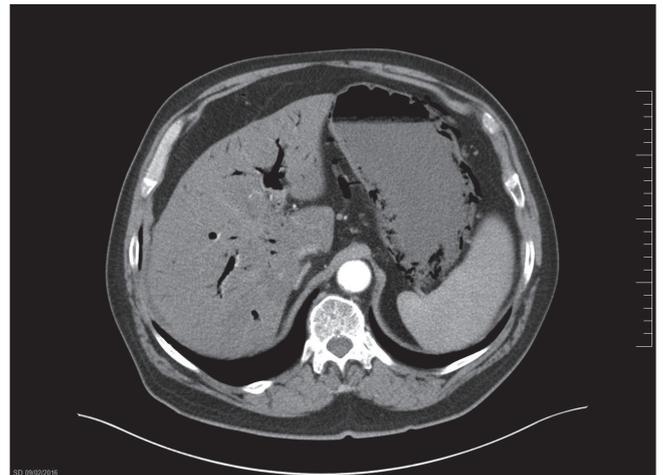


Fig. 2. Portal gastric and intestinal pneumatosis.

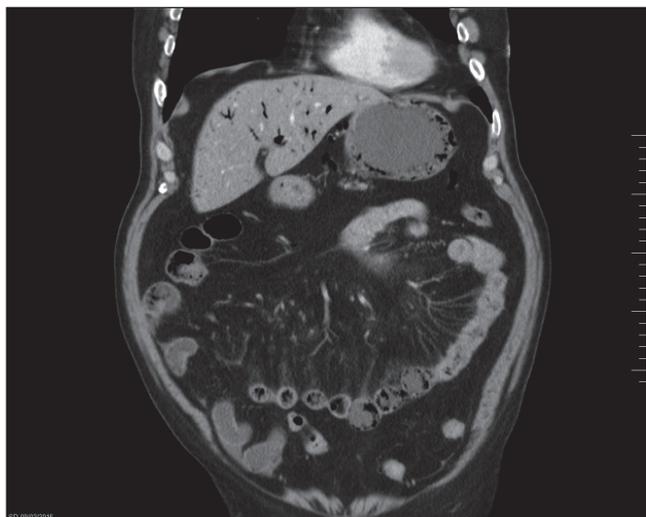


Fig. 1. Portal gastric and intestinal pneumatosis.

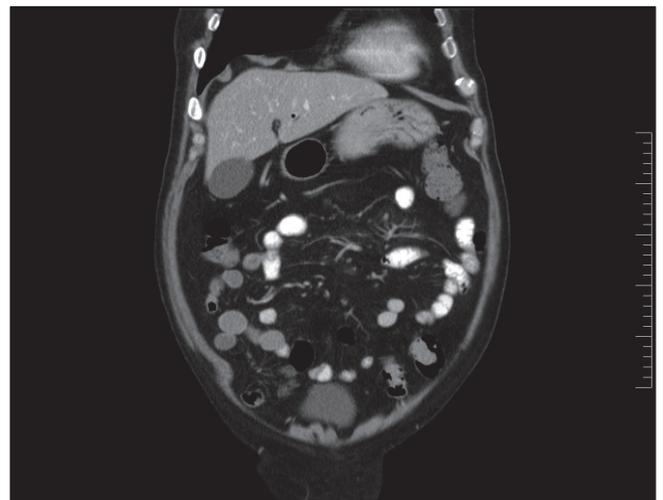


Fig. 3. Resolution of portal gastric and intestinal pneumatosis six days after.

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