

Case Report

Diffuse Gastro-intestinal Pneumatosis: Case Report

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Case Report

An 80 years old male patient admitted after 5 days of symptoms of bowel obstruction. His relevant past medical history included peripheral arterial disease with a calcified aorta and a chronic stenosis of the coeliac trunk and an appendectomy. Adhesiolysis was performed the day of admission. The post-operative course was simple until day 7 when he suddenly presented transfixiant abdominal pain and shock. A CT scan showed a diffuse gastro-intestinal pneumatosis and some major aeroportia. An angiography showed the chronic occlusion of the coeliac trunk and an acute occlusion of the Superior Mesenteric Artery (SMA). We attempt a stenting of the SMA but unfortunately the patient died of systemic shock a few hours later. Intramural gastric air is an uncommon but important radiological sign to recognise as it may represent either of two conditions: emphysematous gastritis or gastric emphysema. These differ in their clinical presentation, radiographic findings, management and prognosis.



Figure 1: CT scan: Diffuse gastro-intestinal pneumatosis.

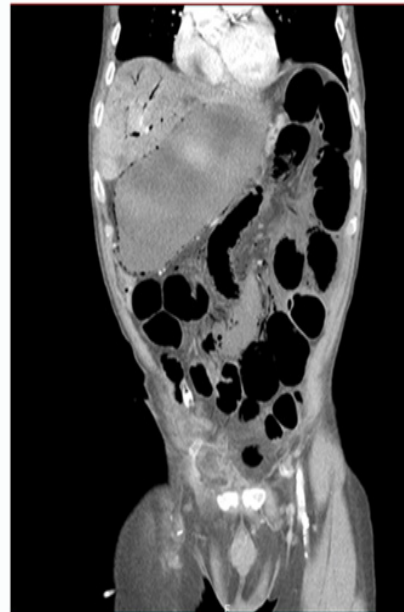


Figure 2: CT scan: Diffuse gastro-intestinal pneumatosis + aeroportia.

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