

Solución del caso: Colonic distension and constipation

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The surgery disclosed a stenosing tumor of distal sigmoid, which has been already noticed in CT scan. A retosigmoidectomy plus an end sigmoid colostomy with a Hartmann's pouch was performed during surgery. The patient had an uneventful recovery.

Pneumatosis intestinalis (PI) is an uncommon clinical condition generally related with other underlying diseases. It is characterized by the presence of air filled cysts within the bowel walls. Duvernoi was the first to describe this condition in 1730.¹

PI may be detected not only in patients with ischemic bowel disease, but also in a variety of nonischemic conditions, such as large-bowel obstruction, infectious enteritis, chronic obstructive pulmonary disease, connective tissue disorders, leukemia, AIDS and as reactions to steroid or chemotherapy use.^{1,2}

Colon cancer accounts for 60% of all large-bowel obstruction cases. In patients with acute large-bowel obstruction, the presence of intramural cecal gas is generally considered a sign of necrosis and impending cecal rupture. However, PI may be caused by mucosal disruption due to overdistention of the cecum. Thus, the differentiation of cecal necrosis from viable bowel is essential to treat patients with acute large bowel obstruction due to colon cancer.¹

The diagnosis of PI is possible through plain radiography or CT scan of the abdomen, but CT scan is more sensitive than radiography for PI detection. Air within bowel walls may manifest itself through archlike bands of gas or as tiny circular collections of gas. In this case, CT scan showed an area of narrowing of bowel lumen with upstream dilatation.³

Conservative management is the treatment of choice. Whenever PI is associated with a life-threatening disease such as ischemic colitis, surgical exploration is mandatory. Patients presenting with bowel obstruction, including malignant, and PI also require surgery in most of the cases. Mortality rates are high in patients with ischemic bowel despite surgery. When it comes to oncologic surgery, primary anastomosis is not warranted and a diversion procedure is recommended.^{4,5}

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