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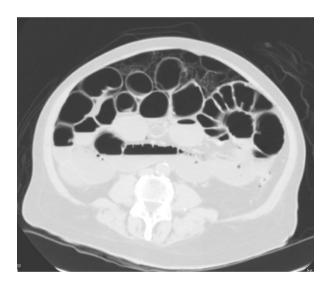
## Image of the Month

## Intestinal Cystic Pneumatosis<sup>☆</sup>

## Neumatosis quística intestinal

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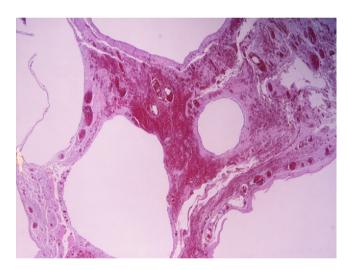


Fig. 2

A 70-year-old male patient came to our Emergency Department due to abdominal pain and distension. Physical exploration: distended abdomen, soft without rigidity and without signs of peritoneal irritation. Analysis: leukocytes 16 750 µm/l; neutrophils 90.9%. Abdominal-pelvic CT: pneumoperitoneum with multiple thin-walled small air cysts on the wall of the small intestine (Fig. 1). The patient was treated with triple antibiotic therapy, gentamicin, metronidazole and ampicillin, and symptoms improved. Five months later, the patient was admitted due to acute cholecystitis and underwent open cholecystectomy with removal of a twisted cyst adhered to the anterior side of hepatic segment III. The cyst was sent for pathology study, which showed a cystic wall with dilated and congested blood vessels, partially covered internally with flat epithelium (Fig. 2). Intestinal cystic pneumatosis is an uncommon disease that causes spontaneous pneumoperitoneum, which can be treated conservatively, and must be recognized in order to avoid unnecessary surgical interventions.

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