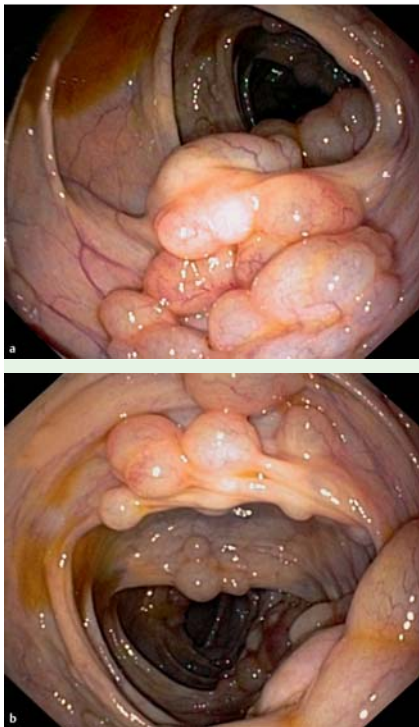
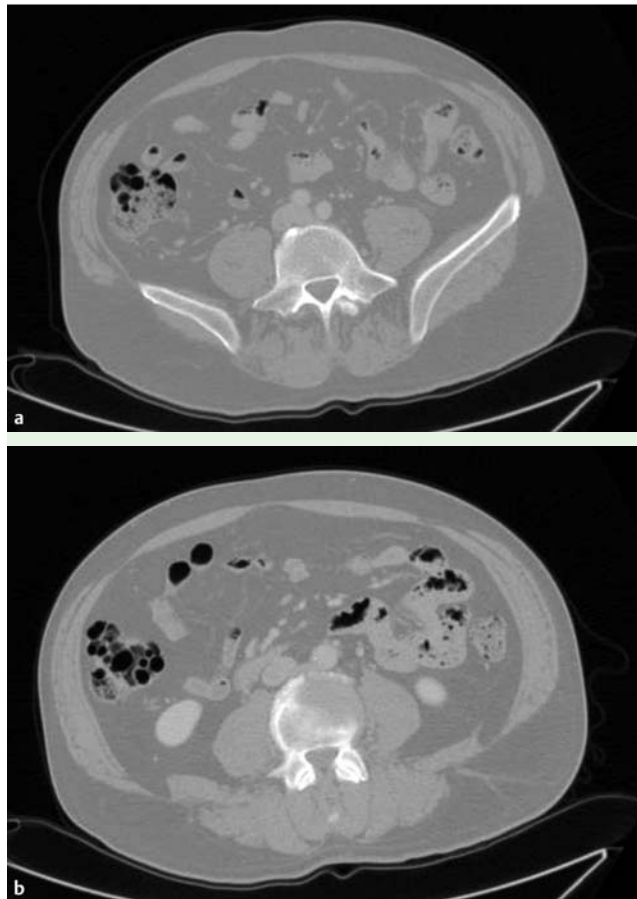


## Pneumatosis cystoides intestinalis of the ascending colon

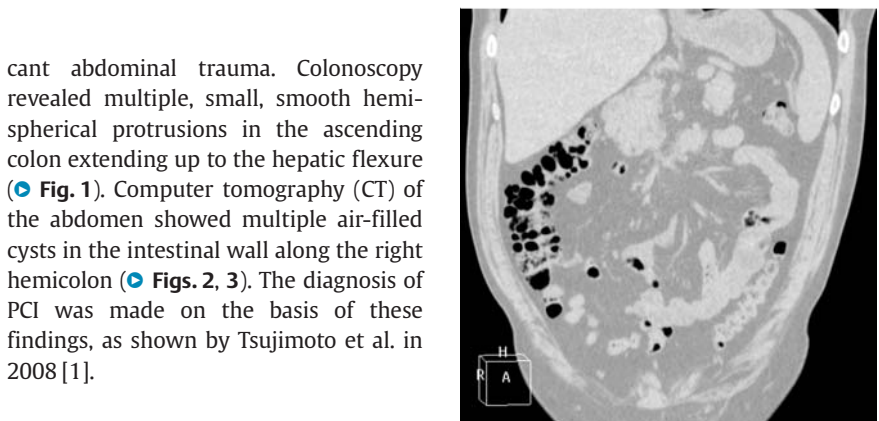


**Fig. 1** Endoscopic view of pneumatosis: **a** in the hepatic flexure and **b** in the ascending colon.

Pneumatosis cystoides intestinalis (PCI) is a rare condition in which multiple submucosal or subserosal air-filled cysts develop in the submucosa or in subserosa of the colon [1]. The etiological mechanisms are not clear. PCI is associated with raised intra-abdominal pressure because of ileus surgery, colonoscopy, pulmonary diseases, connective tissue disorders, ingestion of carbohydrates such as lactulose and sorbitol, use of  $\alpha$ -glucosidase inhibitors [1], and ulcerative colitis [2]; in rare cases it is asymptomatic [3]. We report a case of a 52-year-old man referred to our department for nonspecific abdominal pain. He was not taking any drugs and his medical history was unremarkable except for an episode of signifi-



**Fig. 2** Abdominal computed tomographic (CT) scan (coronal section) showing pneumatosis: **a** in the proximal ascending colon and **b** in the distal ascending colon.



**Fig. 3** Computed tomographic (CT) scan showing multiple air-filled cysts in the intestine wall along the right hemicolon.

cant abdominal trauma. Colonoscopy revealed multiple, small, smooth hemispherical protrusions in the ascending colon extending up to the hepatic flexure (Fig. 1). Computer tomography (CT) of the abdomen showed multiple air-filled cysts in the intestinal wall along the right hemicolon (Figs. 2, 3). The diagnosis of PCI was made on the basis of these findings, as shown by Tsujimoto et al. in 2008 [1].

**Competing interests:** None

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