

## Pneumatosis Intestinalis: Do Not Excise These “Polyps”!

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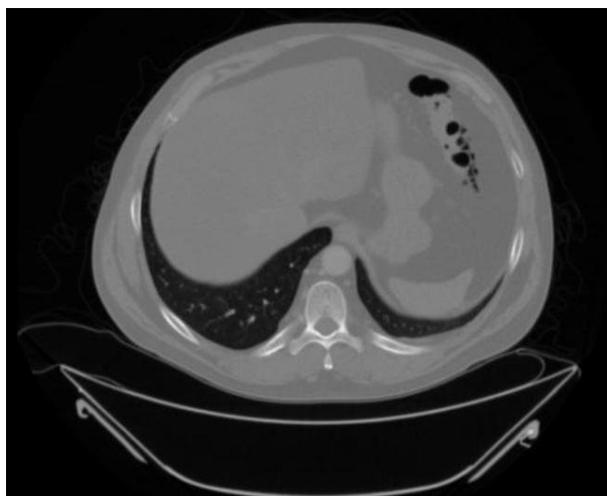
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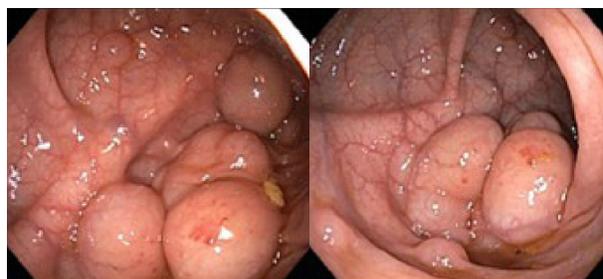
### Case Report

A 52-year-old male with a history of recurrent deep venous thrombosis underwent a CT scan of the chest investigating a suspected pulmonary embolism. The scan revealed thickening of the splenic flexure with foci of air adjacent to the colon (Figure 1). The patient reported mild nausea and chronic intermittent hemorrhoidal bleeding without abdominal pain. Physical exam and labwork were unremarkable. Colonoscopy to evaluate this radiographic finding demonstrated a corresponding cluster of cystic submucosal lesions of varying sizes with normal overlying mucosa consistent with pneumatosis intestinalis (Figure 2). The patient was discharged home and is being followed up in the gastroenterology clinic.

First described in 1783 by Du Vernoi, pneumatosis intestinalis is an uncommon but important condition in which gas is found in a linear or cystic form in the submucosa or subserosa of the bowel wall. Pneumatosis intestinalis is a sign rather than a disease, and is generally seen in the fifth to eighth decade of life.<sup>1</sup> Although the exact etiology is not clear, multiple hypotheses have been proposed. The most popular theory posits dissection of gas into the bowel wall from either the intestinal lumen (as seen in necrotizing enterocolitis) or from the lungs via the mediastinum (as seen in patients with chronic obstructive pulmonary disease).<sup>2</sup> Although up to 15% of cases may be benign with idiopathic etiology, this sign may be a harbinger of life-threatening pathologies such as bowel ischemia, obstruction, or toxic megacolon. On barium studies and endoscopy, it may appear similar to polyps; therefore, recognition of this condition is very important in order to avoid inadvertent resection that can potentially lead to complications such as frank perforation.<sup>3</sup>



**Figure 1.** A computerized axial tomography scan showing thickening of splenic flexure with foci of air adjacent to the colon.



**Figure 2.** A colonoscopy demonstrating cluster of cystic submucosal lesions of varying sizes with normal overlying mucosa consistent with pneumatosis intestinalis.

### Disclosures

Author contributions: B. Shah wrote the manuscript and chose the images. K. Anna performed the procedure, assisted with images, and is the author guarantor. P. Sengodan formatted the images and wrote the

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references. H. Kale supervised the process and made revisions to the manuscript.

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Informed consent was obtained for this case report.

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