Pneumatosis cystoides intestinalis in pulmonary mycobacterial disease

A 63-year-old woman was referred to the authors' hospital with faecal occult blood that was detected on routine examination. She had been treated with clarithromycin, rifampicin and ethambutol for pulmonary *Mycobacterium avium* complex infection for approximately 2 years before this admission. Her pulmonary findings indicated small nodules and bronchiectasis in the right middle lobe and the left lingular segment. She underwent colonoscopy and multiple thin-walled cysts in the submucosa were detected in the entire colon (*Figure 1a*). Abdominal computed tomography showed multiple air-filled cysts (*Figure 1b*). A diagnosis of pneumatosis cystoides intestinalis was confirmed. Hyperbaric oxygen therapy was given, but no improvement was seen. Three months later, the pneumatosis cystoides intestinalis improved after discontinuation of antibiotic therapy.

Several pathogenic mechanisms have been proposed for pneumatosis cystoides intestinalis (Ho et al, 2007; Wu et al, 2013). This patient had no previously reported putative cause of pneumatosis cystoides intestinalis, but this case might be related to long-term antibiotic therapy. **BJHM**

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Wu LL, Yang YS, Dou Y, Liu QS. A systematic analysis of pneumatosis cystoids intestinalis. World J Gastroenterol. 2013 Aug 14;19(30):4973–4978. https://doi.org/10.3748/wjg.v19.i30.4973

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Figure 1. **a.** Colonoscopic findings showed multiple thin-walled cysts in the submucosa in the entire colon. **b.** Frontal plane views on abdominal computed tomography showed multiple air-filled cysts in the entire colon.