

# Pneumatosis cystoides intestinalis in salmonella infection

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A 47-year-old man with a history of type 2 diabetes mellitus presented with fever and diarrhoea persisting for 5 days. He had had multiple incidences of Salmonella infections and two episodes of infective endocarditis in the past 10 years. Physical examination indicated abdominal distension without local tenderness. Laboratory tests revealed leucocytosis and elevated C-reactive protein level. Abdominal radiography showed multiple radiolucent cystic lesions, mostly located along the colon (**Figure 1a**). Contrast-enhanced computed tomography showed air in multiple small cysts within the wall of the colon (**Figure 1b**). A colonoscopy was performed and multiple cysts were observed, varying in size, with hyperpigmented and swollen mucosa (**Figure 1c**). Subsequently, pneumatosis cystoides intestinalis with Salmonella bacteraemia was diagnosed. The patient underwent prolonged treatment with antibiotics and had an uneventful recovery.

Pneumatosis cystoides intestinalis is characterised by gas-filled cysts in the submucosal and subserosal layers of the intestinal wall. It is suggested that gas-producing bacteria could invade the intraluminal compartments and induce pneumatosis cystoides intestinalis. Conservative treatment is usually recommended for patients who do not have signs of life-threatening conditions.

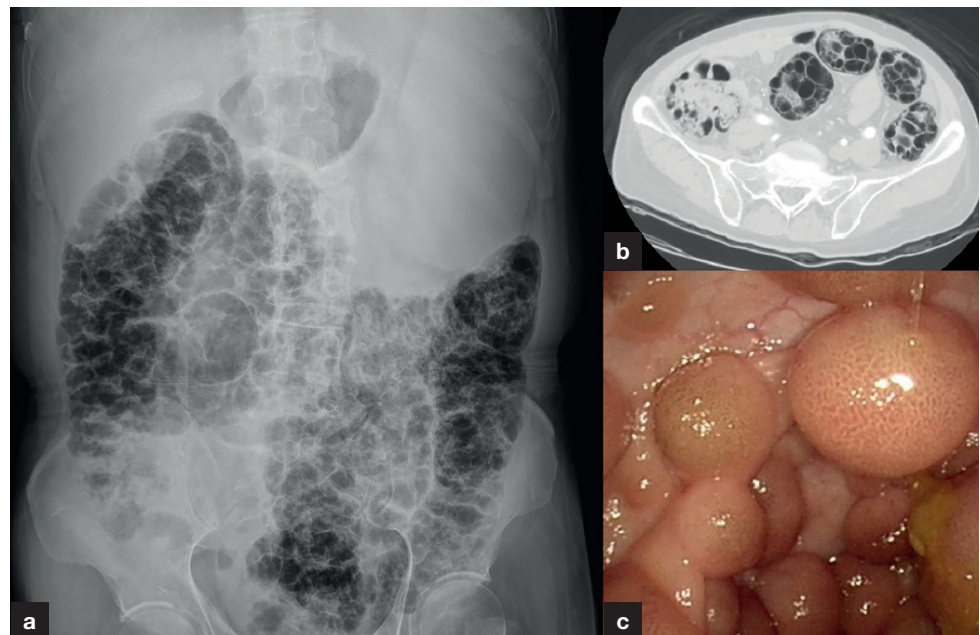
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**Figure 1.** a. Abdominal radiograph showed multiple radiolucent cystic lesions mostly located along with the colon. b. Computed tomography showed air in multiple small cysts within the wall of the colon. c. Colonoscopy demonstrated multiple cysts with hyperpigmented and swelling mucosa.

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