

212 IDIOPATHIC INTESTINAL PNEUMATOSIS OF THE DUODENUM – AN UNCOMMON LOCATION FOR AN UNCOMMON FINDING

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Case Report: A 79 years old male undertook upper endoscopy for investigation of a long lasting (2 years) sensation of dysphagia for solids. He had no other complaint namely, no vomiting, weight loss, syalorrhoea or frequent respiratory infections. In his past medical history he had been subjected to a right hemicolectomy for colonic adenocarcinoma and a total prostatectomy for prostatic adenocarcinoma, both more than a decade earlier. He also reported to have arterial hypertension, hyperuricemia and stage III chronic kidney disease.

The upper endoscopy was remarkable for the presence of a round shaped protrusion of the mucosa of the second duodenal portion. The mucosa was of normal appearance although somewhat translucent. The finding was consistent with *Pneumatosis intestinalis*. Puncture with a sclerotherapy needle confirmed the diagnosis by promptly draining the air filled cyst. Transendoscopic biopsies were performed revealing duodenal mucosa with normal histological appearance. White plaques covering the distal thirds of the esophagus consistent with candidiasis were observed in this procedure, explaining the dysphagia.

Technique: Upper G.I. endoscopy – images

Justification: *Pneumatosis intestinalis* is an uncommon finding in upper endoscopy particularly in the duodenum. In this setting it may be mistaken for a duplication cyst or an ampullary tumor. The pathophysiology of this condition is believed to be related with local (intestinal infection, bacterial proliferation, ischemia and trauma from surgery or endoscopic procedures) or distal (chronic obstructive respiratory disease) factors. In this case it appears to be an idiopathic finding.

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