Case History B-1327885

• **Male patient** °1939
• **Clinical History**
  – Prostatectomy 2000; low-grade PIN
  – Present complaints: difficult defecation; changes in bowel habits
• **Endoscopy**: from 15-35 cm nodular mucosa with oedema and erosions: colitis! Etiology?

Endoscopy B-1327885
Pathology B-1327885

B-1327885
Mucosal abnormalities
Pathology B-1327885

What is your diagnosis?

• Normal

• Pneumatosis coli

• Pneumatosis coli and IBD?
Pneumatosis and IBD? Mucosal abnormalities!

Diagnosis B-1327885

*Pneumatosis coli*

- Pneumatosis coli in ulcerative colitis?
  - Follow up: uneventful
  - Mild architectural distortion of the overlying mucosa was seen in 11/13 and 10/10 cases in 2 studies involving adult patients
  - Cryptitis, crypt abscesses, crypt dilatation and rupture have been reported.
B-1327885 – Pneumatosis Coli
(Pneumatosis intestinalis – interstitial emphysema)

• Uncommon condition characterized by submucosal and/or subserosal gas cysts
  – 10-36% of cases: colon alone (in 70% of these cases mainly left-sided)

• In approximately 85% of cases it is a manifestation of an underlying systemic of GI disease

B-1327885 – Pneumatosis Coli

• Major Systemic conditions associated with
  – Chronic pulmonary disease
  – Chronic hearth disease
  – Sclerodermia
  – Leukemia

• GI conditions associated with
  – Pyloric stenosis
  – Cholelithiasis
Pneumatosis and ulcerative colitis: rare – in adults in patients with severe disease and focally necrotic colon


Association with Crohn’s disease: rare


Pneumatosis may mimic IBD


Pneumatosis and ulcerative colitis