

Aeroportia: Not always a sign of bowel ischemia

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Description

A 80-year-old man came to our attention for abdominal pain associated with vomiting occurred during hemodialysis session. His medical history includes hypertension, benign prostatic hypertrophy, hemodialysis-dependent chronic renal failure because of chronic glomerulonephritis. Abdomen was slightly distended and painful without signs of peritonism; blood tests showed mild white blood cells increase, lactated were in range (0.94mmol/L). The CT-scan highlighted the presence of gas in portal system (aeroportia) (Figure 1) and gas in the splenic vein (Figure 2) with intestinal distension. Aeroportia is suggestive -but not pathognomonic- of bowel ischemia, which may require emergency surgery [1]; therefore, patient underwent urgent exploratory laparoscopy. Surprisingly, there were no necrosis or visceral ischemic suffering signs and, despite intestinal distension, peristaltic activity was visible. He recovered quickly after surgery with a total regression of clinical symptoms; the patient was discharged, asymptomatic, on the fifth post-operative day. After 2-years patient is still alive, in good condition, without further surgical revision. In hemodialysis patients occur hypotension periods associated with decreased intestinal blood flow resulting from primary mesenteric vasospasm of the peripheral arterioles, a clinical entity known as «non occlusive mesenteric ischemia» [2]. Prolonged hypotension may exceed self-regulating capacity and induce mucosal damage, without evidence of intestinal necrosis, because of the possible passage of intraluminal gas into the portal venous system.



Figure 1: Abdominal CT scan: The black arrow indicates aeroportia



Figure 2: Abdominal CT scan: White arrow indicates splenic vein gas

References

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