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CLINICAL IMAGE

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An unusual case of multiple colonic polyps

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KEYWORDS

corticosteroids, high-altitude region, hyperbaric oxygen therapy, multiple masses, pneumatosis cystoides intestinalis

A 44-year-old male presented with recurrent abdominal pain and bloating. Colonoscopy revealed multiple masses in the colon, some of which were transparent, suggesting the possibility of cystic lesions. Some of them were yellowish in color, resembling solid masses (Figure 1a). Biopsy indicated mild inflammation. The patient was hospitalized 10 days later. A second colonoscopy showed that the lesions had notably changed, which became larger and irregular in the same part of the colon (Figure 1b). It was more certain that it was a cystic lesion. Abdominal CT showed multiple gas density shadows in the ascending (Figure 2), transverse, and part of the descending colon. Based on the above inspection results, pneumatosis cystoides intestinalis (PCI) was considered.

PCI is a rare disease with a prevalence of 0.03%.[1] The patient has a history of allergic rhinitis and has been taking corticosteroids in the past 4 years, which may be the cause of PCI.He resides in a high-altitude region and, due to his occupation in the catering industry, has frequently come into contact with potent cleaning agents over the past year and a half. **Both high altitude and exposure to cleaning agents have been associated with PCI**.

After removing potential inducers and adjusting his rhinitis treatment, he was given hyperbaric oxygen therapy (three 10-day courses). Post-treatment, the patient experienced no abdominal discomfort. CT and colonoscopy examinations indicated a significant alleviation of PCI (Figures 3 and 4). **We present a compelling case of PCI that illustrates its natural disease course for the first time. HBOT is an established treatment.**

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CONFLICT OF INTEREST STATEMENT

The authors have no conflicts of interest to declare.

DATA AVAILABILITY STATEMENT

The data supporting the findings of our study are available within the article and its supplementary materials. You may contact the corresponding author via email to obtain the data. DOI: 0000-0002-9951-4225.

INFORMED CONSENT

Consent has been received.

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REFERENCE

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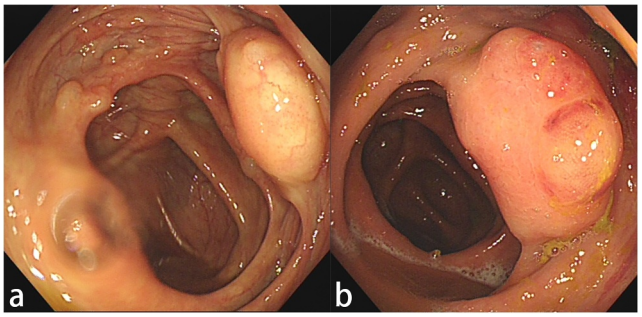

FIGURE 1 A large mass is visible in the ascending colon. (a) The mass appears yellow and solid. (b) After a 10-day interval, a colonoscopy reveals that the mass at the same location has grown in size and exhibits an irregular shape.

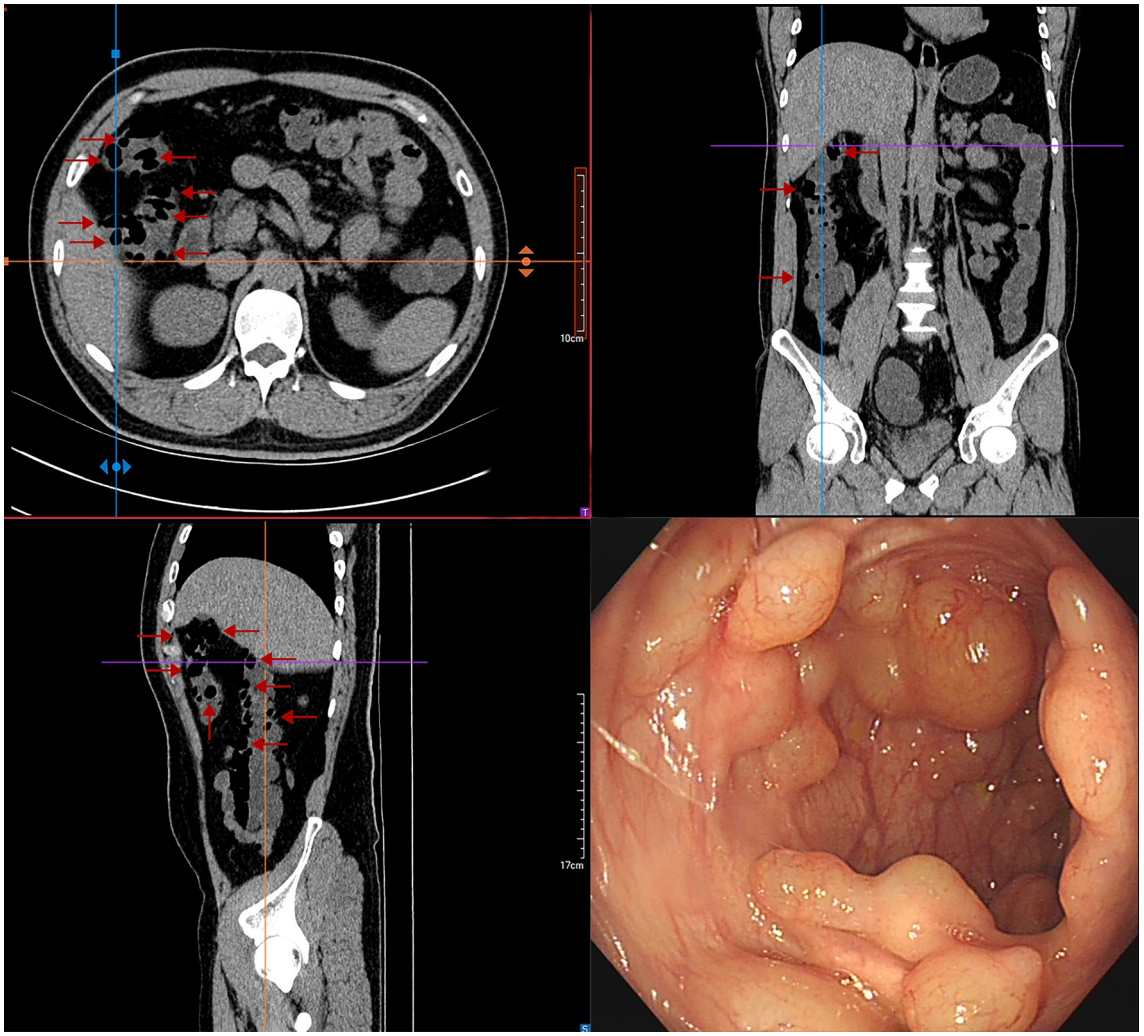

FIGURE 2 Axial, coronal, and sagittal views of a CT scan of the hepatic flexure of the ascending colon, along with a colonoscopy image from the same location, indicate a PCI intestinalis.

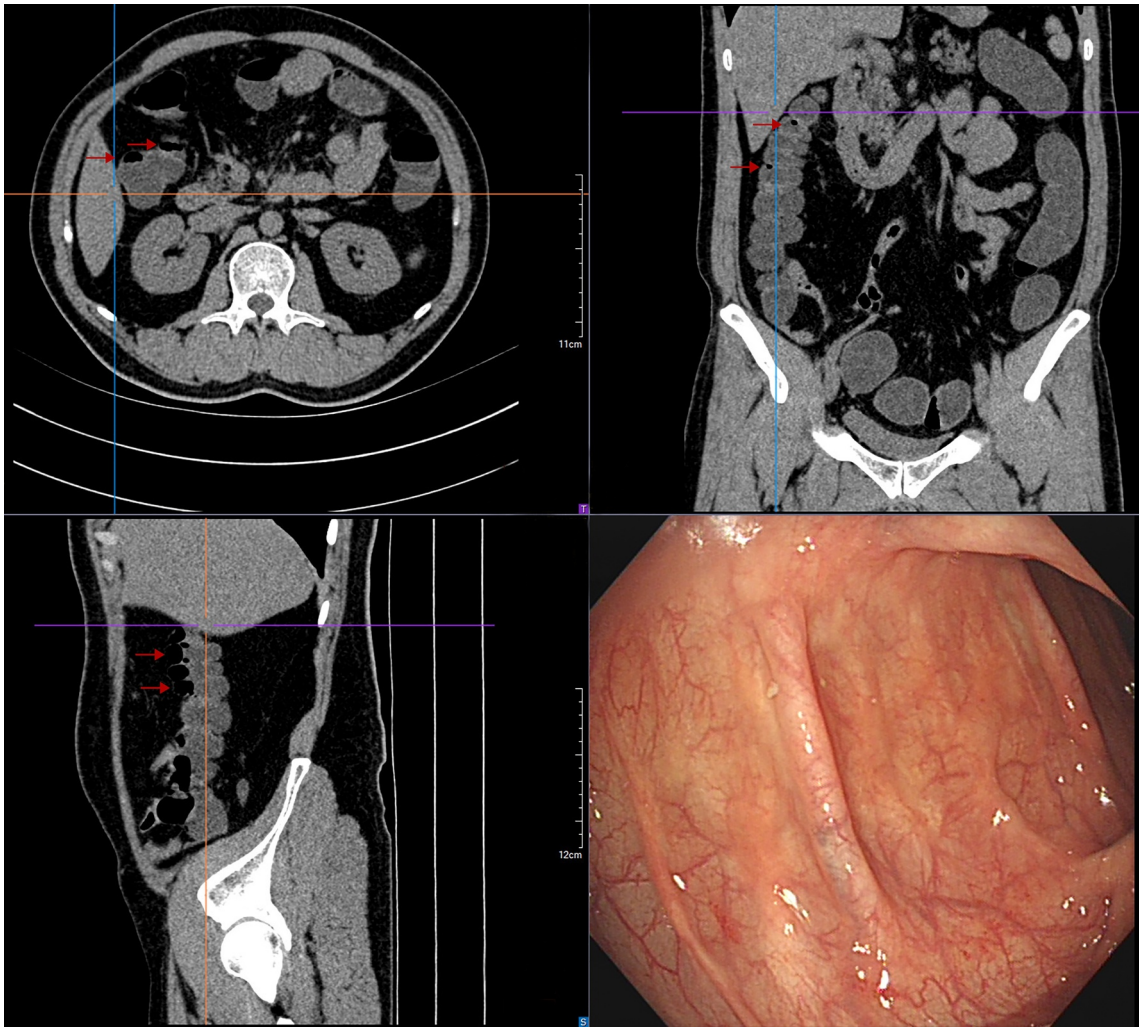

FIGURE 3 Post-treatment images from the hepatic flexure of the ascending colon (Figure 2) show a significant improvement in the PCI compared with the previous images.

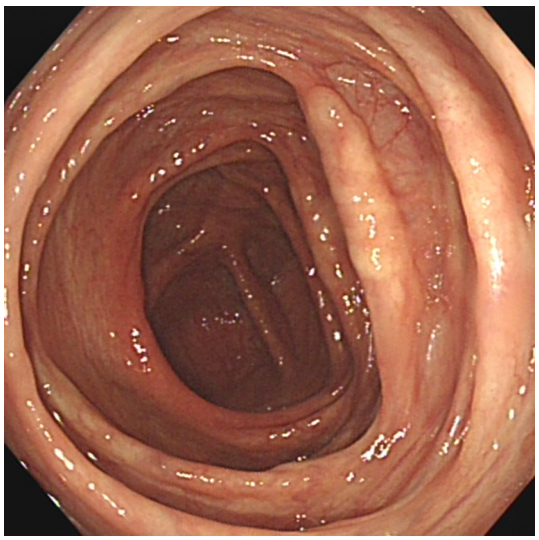

FIGURE 4 A post-treatment colonoscopy image of the ascending colon (Figure 1) demonstrates a significant reduction in the size of the PCI.

SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

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