Colonoscopic examination disclosed multiple sessile polypoid lesions that were covered with normal-appearing mucosa in the ascending colon.

Abdominal CT showing round-shaped air collection within the wall of the ascending colon (arrows).

A 64-year-old Japanese woman with ulcerative colitis visited our hospital for abdominal distention. Laboratory examinations and abdominal ultrasonography demonstrated no abnormal findings. Colonoscopy showed sessile polypoid lesions with no overlying mucosal abnormalities in the ascending colon (Picture 1). These lesions were soft and dented when pressed by biopsy forceps. Plain computed tomography demonstrated round-shaped air collection within the wall of the ascending colon (Picture 2, arrows), which was consistent with pneumatosis cystoides intestinalis (PCI).

PCI is a rare disease characterized by the presence of multiple gas-filled cysts in the submucosal or subserosal wall of the small and/or large intestine. Patients may be asymptomatic or present with diarrhea, constipation, bloody stools, abdominal pain, and distention. Pneumoperitoneum is common with PCI, and some cases are reported to have undergone laparotomy for a suspected perforation of gastrointestinal tract (1). Greater awareness of this disease is needed in order to avoid unnecessary operation.

Reference