Pneumatosis Intestinalis in a Patient with Myasthenia Gravis

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Key words: pneumatosis intestinalis, myasthenia gravis, immunosuppressive therapy

(Intern Med 52: 2835-2836, 2013)
(DOI: 10.2169/internalmedicine.52.1400)

A 52-year-old man receiving prednisolone and cyclosporine for myasthenia gravis (MG) experienced abdominal bloating. Radiography showed an abnormal colon gas shadow, and computed tomography revealed colon dilation with diffuse intestinal wall thickening, intramural gas (arrow) and intraperitoneal free air (arrowhead), indicating...
pneumatosis intestinalis (PI) (Picture A, B). As no severe symptoms or abnormal laboratory data were noted, the patient was conservatively treated with fasting and antibiotics. The abnormal findings disappeared on follow-up imaging (Picture C, D).

PI, which is characterized by the presence of extraluminal gas within the bowel wall, is occasionally life-threatening, requiring surgical management. However, conservative observation with antibiotics can be considered in mild cases (1). Many PI-associated conditions have been described, and immunosuppressive therapy may be a causative factor. Although MG patients usually receive long-term immunosuppressive therapy, immunosuppressant-associated PI has been reported in only one case (2). Therefore, a diagnosis of PI should be carefully considered when MG patients undergoing immunosuppressive therapy complain of gastrointestinal symptoms.

The authors state that they have no Conflict of Interest (COI).

References

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