Emphysematous Cystitis and Bacteremia Caused by *Escherichia coli*

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Picture 1.

Picture 2.

An 84-year-old woman without a significant medical history presented with acute abdomen and shock. A physical examination revealed suprapubic tenderness, and a urinalysis showed pyuria and bacteriuria. Abdominal computed tomography (CT) showed multiple areas of diffuse gas collection within the bladder wall (Picture 1, 2). Admission blood and urine cultures grew *Escherichia coli*. A diagnosis of emphysematous cystitis was established.

Emphysematous cystitis is a rare but potentially fatal infection, and that develops in patients with diabetes, an immunocompromised state, or neurogenic bladder (1). Although the infection leads to sepsis, few cases associated with bacteremia have been reported (2). Patients can be asymptomatic, although they sometimes present with abdominal pain or septic shock. CT typically shows intramural emphysematous changes in the bladder wall.

This patient was treated with fluid therapy and ceftriax-

one, and recovered without complications. This case highlights the need to list emphysematous cystitis in the differential diagnosis of suspected sepsis and abdominal tenderness, even when known risk factors are absent.

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

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