[PICTURES IN CLINICAL MEDICINE]

Pneumatosis Intestinalis

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Picture.

A 53-year-old woman receiving rifampicin, ethambutol, and clarithromycin for *Mycobacterium avium* pulmonary disease commenced sitafloxacin instead of rifampicin because of liver dysfunction. Nine months later, she presented with hematochezia. Colonoscopy revealed multiple polypoid lesions in the intestinal wall (Picture A). Abdominal computed tomography (CT) showed numerous intramural gas collections in the colon and rectum (Picture B). These findings were consistent with pneumatosis intestinalis (PI). Her symptoms resolved after the medications were discontinued. Follow-up CT showed no intramural air (Picture C). Theories abound regarding the etiology of PI, but the entire pathogenesis remains unclear (1, 2). In this case, it seems certain that sitafloxacin had some influence on her intestines. To the best of our knowledge, there are no published reports on sitafloxacin-induced PI. We hypothesize that it

might have occurred as a consequence of changes in the intestinal flora due to the administration of antibiotics; however, the precise mechanism is not clear.

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

References

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