

**Title:**

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## Portal pneumatosis in a patient with severe *Salmonella* colitis

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### CLINICAL CASE:

65-year-old patient with a history of ischemic stroke with residual ophthalmoparesis, positive in fecal occult blood screening, pending colonoscopy, who attended the emergency room due to 3 days with pain, abdominal distension and diarrhea.

In the emergency room, he presented with diffuse abdominal pain, hemodynamic instability with acute renal failure and metabolic acidosis, with severe elevation of acute phase reactants. Abdominal fluid resuscitation and CT (computed tomography) were performed, which reported dilatation of the loops of the small intestine to the distal ileum with thickening of the wall of the right colon and gas, dissecting intrahepatic portal branches and splanchnic veins (Fig. 1., Fig. 2. and Fig. 3.)<sup>1,2</sup>.

An exploratory laparotomy was indicated, showing findings of non-transmural right colitis without ischemia or perforation, significant dilation of the small intestine and intra-abdominal serous fluid, without the need for intestinal resection.

*Salmonella enterica*, sensitive to Ciprofloxacin, was isolated in stool culture.

He remained in the ICU for 23 days with a slow but favorable evolution with targeted antibiotic therapy. Acute renal failure was corrected, vasoactive drugs were suspended and non-invasive mechanical ventilation and oxygen therapy were needed.

He presented postoperative ileus and periumbilical laparotomy skin dehiscence with good evolution after initiating negative pressure therapy.

On postoperative day 32, she was transferred to the convalescent center for rehabilitation due to myopathy of the critical patient, being discharged after 22 days of stay.

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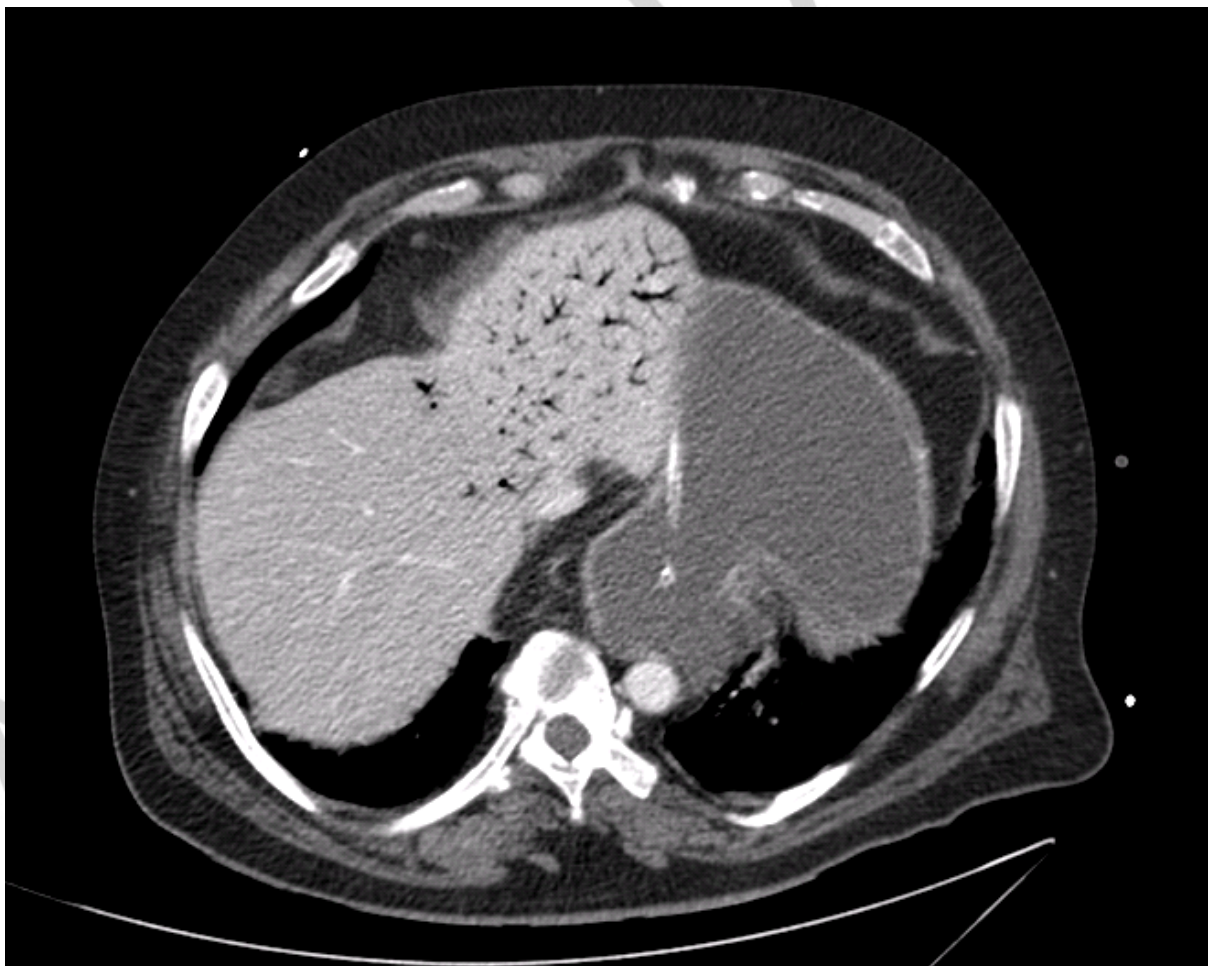


Fig. 1. Computerized tomography. Portal pneumatosis: abundant gas in intrahepatic portal branches.

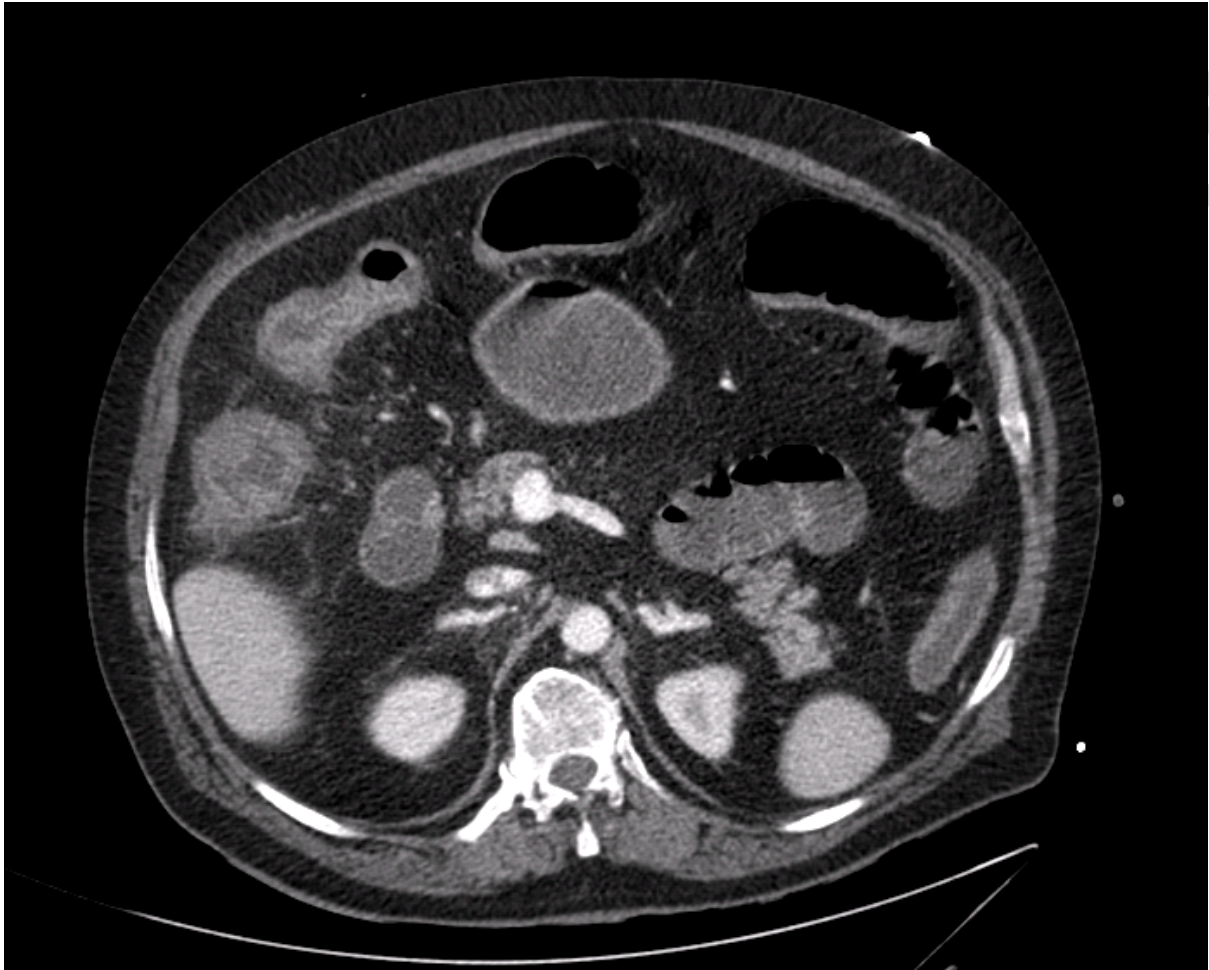


Fig. 2. Computerized tomography. Right colon colitis: thickened and edematous colon walls up to the hepatic flexure.



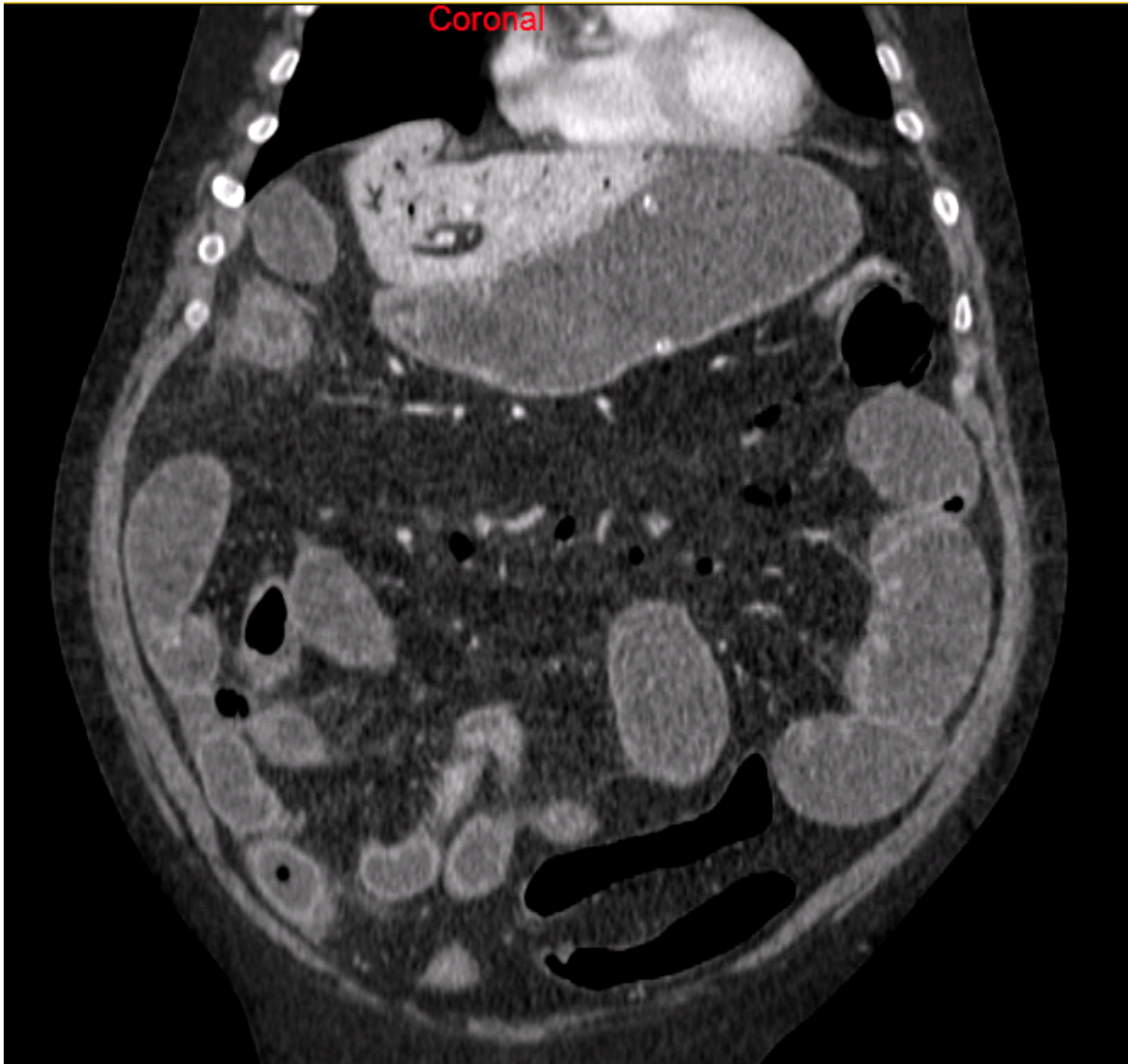


Fig. 3. Computerized tomography (coronal section). Right colon colitis, portal pneumatosis and abundant gas in splanchnic veins (superior mesenteric vein and its branches). Patency of arterial and venous branches.