中文題目：移植體抗宿主疾病 (GVHD)造成嚴重腸壁囊狀積氣症--個案報告

英文題目：Pneumatosis cystoides intestinalis caused by graft-versus-host disease (GVHD)
A case report

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Case Presentation

A 16-year-old man with acute myeloblastic leukemia (M1) status post allogeneic peripheral blood stem cell transplantation was re-admitted due to severe tarry stool. Physical examinations revealed abdomen distention, tympanic and tender. Plain abdominal radiograph showed free air under the diaphragm, perirenal space and gas deposits in the intestinal walls (which was known as Pneumatosis cystoides intestinalis (PCI)). Computed tomography was performed and showed pneumomedistium, pneumoperitoneum, pneumoretroperitoneum and pneumatosis coli. Colonoscopic biopsy revealed necrosis of individual crypt cells in the ileum section and chronic inflammatory infiltrate in the edematous lamina propria of colon sections, which were compatible with graft-versus-host disease (GVHD). After conservative treatment with immunosuppressants and NPO (NothingPerOs) with total parenternal nutrition supplement, his gastrointestinal symptoms improved gradually four months later.

Discussion

Pneumatosis cystoides intestinalis (PCI) is a rare condition where gas is found within mucosa and submucosa of the small or large intestine. Pathophysiology of PCI was not well clear, and it could be classified to primary or secondary causes. It generally occurs secondary to localized or systemic infective and inflammatory conditions. PCI also been associated with a wide variety of underlying conditions which may lead to primary intestinal mucosal damage. Formal chemotherapy, underlying malignancy, radiotherapy, inflammatory bowel disease or persistent GVHD with subsequent long-term steroid treatment have been reported as being associated with PCI. The treatment option for PCI were emergent surgical intervention, antibiotics, aggressive oxygen therapy, and depend on the etiology and the condition of patient.

In our case, the biopsy report showed compatible with GVHD. There were no emergent surgical indications. We treated our patient conservatively with NPO, total parenteral nutrition and immunosuppressant. His symptoms gradually improved. In conclusion, severe PCI related to GVHD could be treated with non-surgical therapy like our case.