Pneumatose cystoide intestinal – rara complicaçao do uso da acarbose

**Pneumatosis Cystoides Intestinalis**

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An asymptomatic 67-year-old woman undergoing screening colonoscopy was found to have multiple translucent polypoid lesions in the wall of the ascending colon (Panel A and Video). Computed tomographic imaging of the abdomen revealed a honeycomb-like cluster of air-filled sacs within the right colonic wall (Panel B, scout image; and Panel C, axial image, arrows), a finding termed pneumatosis cystoides intestinalis. These subserosal and submucosal air-filled blebs may be a benign finding with no apparent precipitating cause. Alternatively, they may be a manifestation of any of a wide variety of serious medical conditions, including gastrointestinal infection, inflammatory bowel disease, life-threatening intraabdominal catastrophe (e.g., bowel infarction or an underlying malignant condition), organ transplantation, and obstructive lung disease. Case reports have described the occurrence of pneumatosis cystoides intestinalis in association with the use of alpha-glucosidase inhibitors; in such cases, it is postulated that gas produced by the fermentation of excess luminal carbohydrate somehow enters the tissues of the bowel wall. A review of this patient's medications revealed the use of the alpha-glucosidase inhibitor acarbose for the treatment of type 2 diabetes mellitus. She was advised to discontinue this medication. Three months later, no evidence of intramural air was evident on a follow-up plain radiograph of the abdomen.