

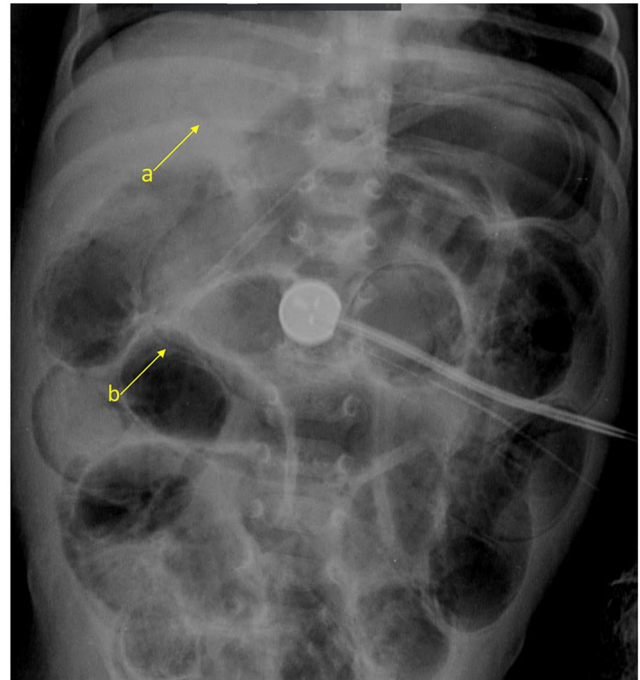


## Extensive Pneumatosis Intestinalis in a Term Neonate

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An 18-d-old term baby presented with complaints of vomiting and refusal of feeds for 2 d. He was fed predominantly cow's milk and formula from birth. At admission baby was in shock with dehydration (admission weight of 2550 g against birthweight of 2800 g). Fluid resuscitation for hypernatremic dehydration (serum Na – 155 mEq/L) and antibiotics were started but baby developed rapidly worsening abdominal distension and refractory shock with multi-organ dysfunction in the form of acute kidney injury and gastrointestinal bleeding. Abdominal radiograph showed dilated bowel loops with extensive pneumatosis intestinalis and portal venous gas (PVG) (Fig. 1). Surgical intervention was planned but the baby had persistent deterioration despite resuscitative measures and expired within a few hours of admission. Necrotising enterocolitis (NEC) is usually a disorder of prematurity, but can present in term infants with risk factors like congenital heart disease, polycythemia, small-for-gestational age (SGA), formula feeding and infections [1]. The cause of NEC in this case is probably due to formula/cow's milk feeding with hypernatremic dehydration [2], as heart disease was ruled out. Pathognomonic X-ray findings of pneumatosis intestinalis, soap-bubble appearance and portal venous gas are associated with a poorer prognosis [3]. The X-ray findings are commonly seen in preterm infants with NEC but extensive pneumatosis and PVG are very rare in term infants with NEC [3].



**Fig. 1** X-ray abdomen showing (a) portal venous gas, (b) widespread pneumatosis intestinalis and dilated bowel loops

### Declarations

**Conflict of Interest** None.

### References

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