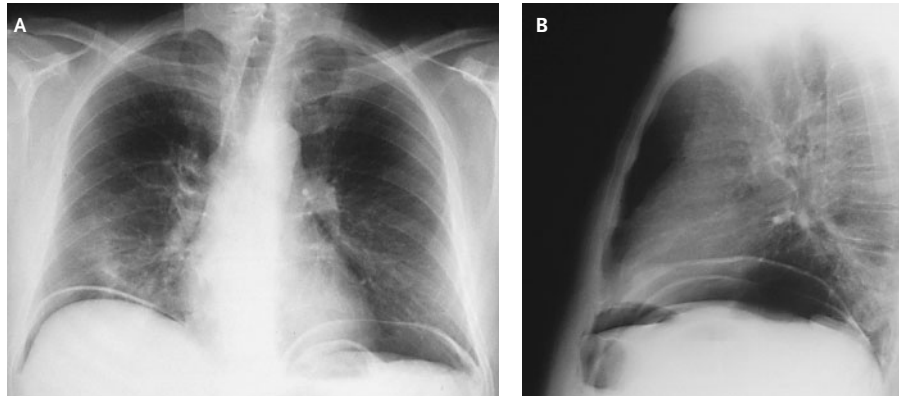


IMAGES IN CLINICAL MEDICINE

Pneumoperitoneum



Jolanda H.M. van Steijn, M.D.
Peter H.J. van der Voort, M.D.,
Ph.D.

Medical Centre Leeuwarden
8901BR Leeuwarden, the Netherlands

A 47-YEAR-OLD MAN WAS ADMITTED TO THE INTENSIVE CARE UNIT WITH respiratory failure complicating pneumonia due to legionella infection. Mechanical ventilation with positive end-expiratory pressure was initiated. Radiographs of the chest revealed pneumomediastinum (Panel A) and pneumoperitoneum (Panels A and B). However, there was no evidence of air in the pleural cavity, and clinical examination of the abdomen revealed no abnormalities. Barotrauma or volutrauma was suspected. The pneumomediastinum and pneumoperitoneum required no intervention. Radiographic and clinical signs of the condition disappeared within 14 days. Pneumoperitoneum in the setting of mechanical ventilation, without evidence of visceral perforation, can usually be managed conservatively.

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