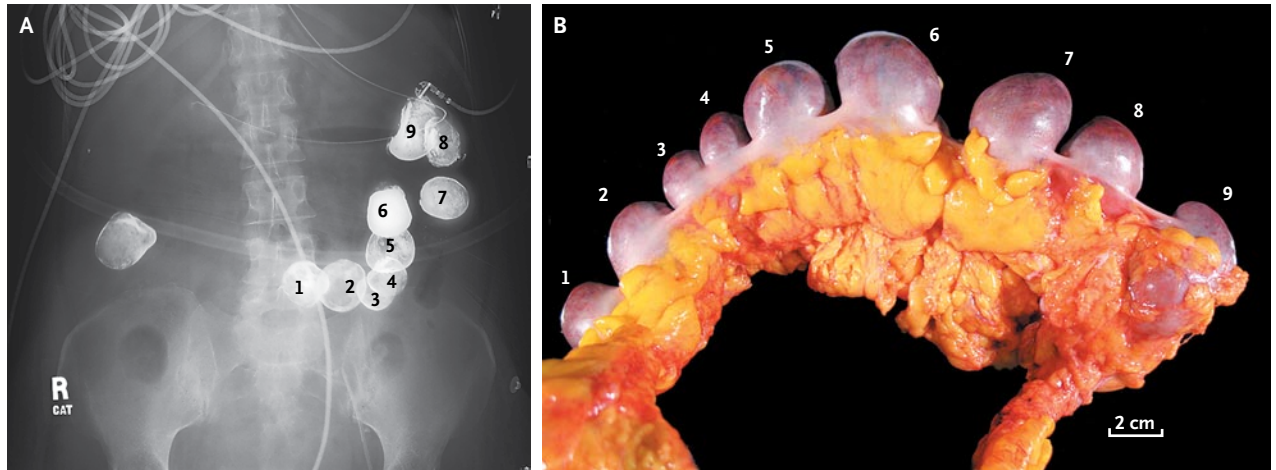


IMAGES IN CLINICAL MEDICINE

Colonic Saccular Diverticula



A 61-YEAR-OLD WOMAN WITH SEVERE PULMONARY HYPERTENSION AND an 8-year history of the CREST syndrome (calcinosis, Raynaud's phenomenon, esophageal involvement, sclerodactyly, and telangiectasia) and with a positive anticentromere-antibody test was admitted to the intensive care unit with severe biventricular heart failure. Radiography of the abdomen, performed because of abdominal distention, showed multiple round opacities in the splenic flexure and sigmoid colon (Panel A, labeled 1 to 9). The patient had undergone esophagography with the use of oral barium for progressive dysphagia 55 days earlier; no abnormality had been noted. On the second day of hospitalization, recurrent episodes of pulseless electrical activity and bradycardia developed. The family requested withdrawal of life support, and the patient subsequently died. At autopsy, numerous large, saccular diverticula with impacted fecaliths were seen in the transverse colon (Panel B), findings that correlated with those on radiography.

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