

A 54-Year-Old Man Presenting With an Abnormal Abdominal CT Scan 8 Months After Double Lung Transplant



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A 54-year-old man who had undergone bilateral sequential lung transplant for idiopathic pulmonary fibrosis was admitted to the hospital for further evaluation of an abnormal abdominal CT scan. Three months previously a gastrojejunostomy tube had been placed after he was found to have evidence of silent aspiration with oral intake. At a recent clinic visit, he denied abdominal pain or problems with the feeding tube. He described frequent diarrhea since placement of the feeding tube.

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A recent CT of the chest to evaluate bilateral lower lobe nodular opacities revealed the presence of gas collections in the region of the right colon at the hepatic flexure. Since there were no accompanying symptoms, he was observed as outpatient, but when a repeat CT abdomen after 1 week failed to show

resolution (Fig 1A, 1B), he was admitted to the hospital for evaluation.

Physical Examination Findings

On admission, vital signs were: temperature of 36.1°C, BP of 119/86, heart rate of 85, respiratory rate of 16,

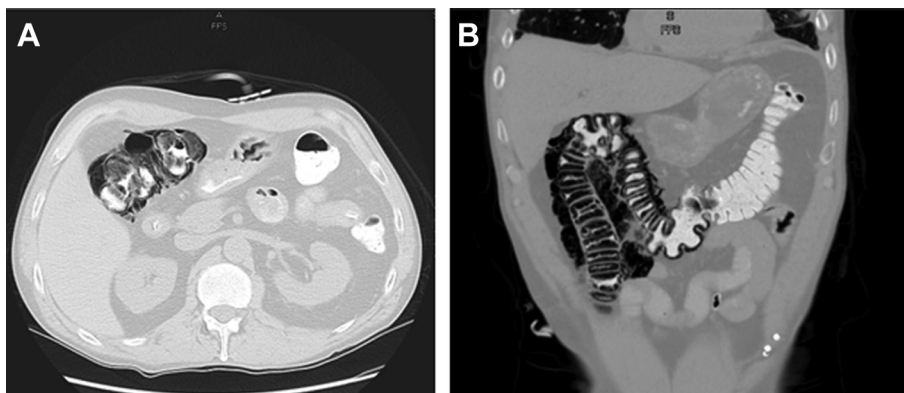


Figure 1 – Abdominal CT scan (day 0) with coronal (A) and sagittal (B) views.

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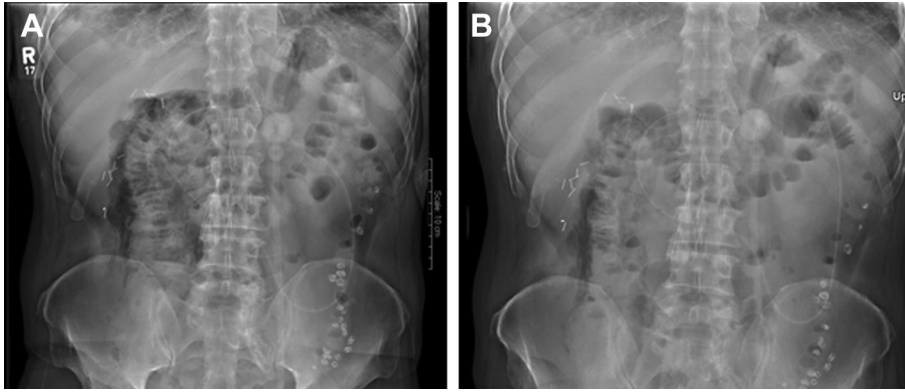


Figure 2 – Abdominal radiographic image demonstrating persistent abnormal gas patterns along the descending and transverse colon.

and oxygen saturation of 96% on room air. His abdomen was soft, nontender, and nondistended; bowel sounds were active.

Diagnostic Studies

Abdominal series ordered on day 3 of hospitalization (Fig 2A, 2B) showed persistent abnormal gas patterns. Laboratory evaluation, including metabolic panel, CBC count, and serum lactate, were all normal except for low-grade leukocytosis (11,200/ μ L).

What is the Diagnosis?

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