Pneumatosis Cystoides Intestinalis After Gefitinib Therapy for Pulmonary Adenocarcinoma

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An 82-year-old female with right chest pain was referred to our hospital. She was diagnosed with adenocarcinoma of the lung with pleural dissemination and bone metastases. She was treated with oral gefitinib (250 mg once daily). At first, there was no apparent adverse event except for mild diarrhea. Two months after the first administration of gefitinib, she presented with mild abdominal pain, with the computed tomography revealing extensive intramural air within the intestinal wall, extending from the duodenum to the ascending colon, without portal venous air (Figure 1). A physical examination indicated no sign of toxicity, with the condition being presumed as pneumatosis cystoides intestinalis (PCI). Gefitinib was stopped and careful monitoring with dietary restriction was done. The symptoms gradually improved by conservative therapy and a follow-up computed tomography showed no sign of intramural air. Although gefitinib was readministered, the same episode repeated three times during gefitinib therapy.

PCI is a rare condition that is characterized by intramural gas in the gastrointestinal tract, and its pathogenesis is unknown.[1,2] Although various chemotherapeutic agents have been reported to be associated with PCI, there have been no reports that addressed the association between PCI and gefitinib.

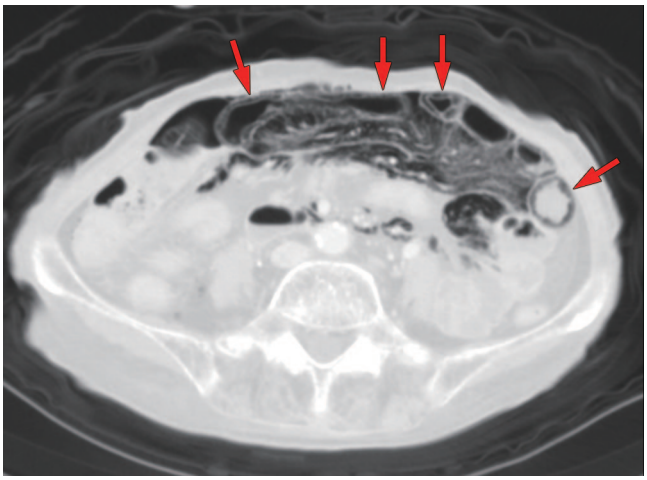

FIGURE 1. Computed tomography at first onset of pneumatosis cystoides intestinalis demonstrating pneumatosis extending from the duodenum to the ascending colon.

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REFERENCES

1. Heng Y, Schuffler MD, Haggitt RC, et al. Pneumatosis intestinalis: a review. *Am J Gastroenterol* 1995;90:1747–1758.
2. Pear BL. Pneumatosis intestinalis: a review. *Radiology* 1998;207:13–19.