

Pneumosrotum: a complication of pneumatosis intestinalis

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A 12-year-old immunosuppressed boy presented with self-limiting abdominal pain, low-grade fever and progressive scrotal swelling. Relevant recent medical history included recurrent pneumatosis intestinalis secondary to bone marrow transplantation for relapsed non-Hodgkin lymphoma.

Abdominal radiograph (ESM Fig. 1) shows extensive bowel pneumatosis with evidence of retroperitoneal and scrotal gas. Pelvic CT (Fig. 1, CTDI=8.99 mGy) shows widespread pneumatosis intestinalis with both peritoneal and retroperitoneal gas and marked surgical emphysema extending into the perineum and scrotal wall (scrotal emphysema, *long arrow*). Further intra-scrotal gas appears intimately related to the right testicle (scrotal pneumatocoele, *dashed arrow*).

The term pneumosrotum describes the presence of air in the scrotal soft tissues originating via one or more of three described routes [1]:

1. Scrotal emphysema: extraperitoneal air dissecting through fascial layers into the scrotal wall
2. Scrotal pneumatocoele: intraperitoneal air entering the scrotum via patent processus vaginalis [2]
3. Gas gangrene/local trauma: local production of scrotal gas/air

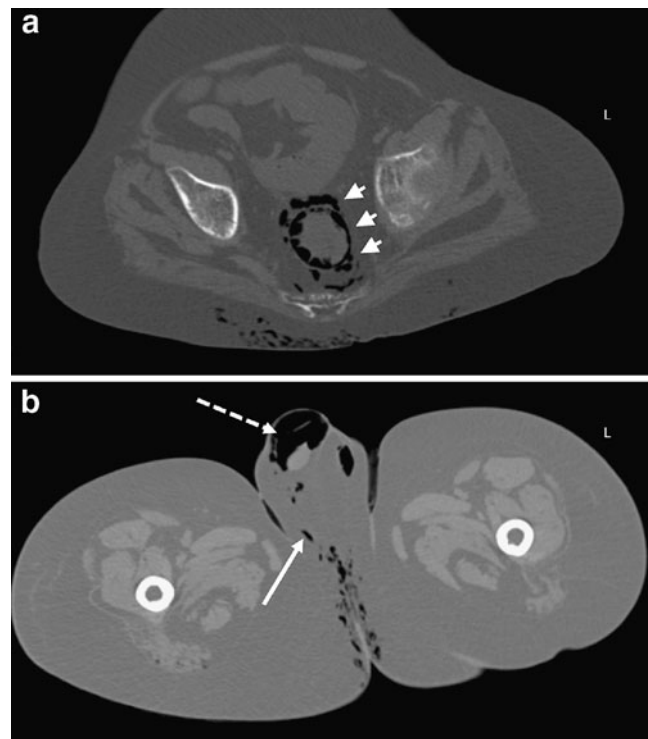


Fig. 1 Pelvic CT

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