AB157. 189. Pneumoscrotum – a curious presentation of bowel perforation post sigmoidoscopy

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Abstract: Pneumoscrotum is defined as air within the scrotum and may be of primary or secondary aetiology. Although itself benign, it may however be indicative of significant underlying pathology. We aim to use this case of a presentation of pneumoscrotum to illustrate a case of iatrogenic bowel perforation. We present the case of Mr. SR, a 63-year-old gentleman who presented to the Emergency Department with a 1-day history of painless scrotal swelling. The swelling occurred post flexible sigmoidoscopy the same day, performed to assess the rectal stump for suitability of ileoanal anastomosis post subtotal colectomy for ulcerative colitis. The patient was otherwise stable and pain-free. Examination revealed a grossly swollen scrotum preventing micturition as well

as palpable subcutaneous emphysema in the scrotum and peristomal region, in a non-tender abdomen. Subsequent imaging of the abdomen and pelvis confirmed abdominal subcutaneous emphysema and pneumoscrotum. The patient was managed medically with intravenous antibiotics for 3 days and discharged home well. At subsequent outpatient review three months later, the patient was clinically well and is awaiting ileal pouch anal anastomosis. There are many causes of pneumoscrotum ranging from trauma to Fournier's Gangrene, however, our case illustrates a seemingly benign condition in fact represented an iatrogenic bowel perforation which required inpatient admission and antimicrobial management. Perforation post colonoscopy is itself uncommon and a presentation such as this even less so. Careful history taking and examination is essential and an index of suspicion for life-threatening pathology must be maintained.

Keywords: Bowel perforation; colonoscopy complications; pneumoscrotum

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