CLINICAL SNAPSHOT

Emphysematous Cystitis

We report the case of a 74-year-old man with a constellation of symptoms of infection and lower abdominal pain after initial admission with a left-sided medial infarction. The patient was known to have a history of diabetes mellitus and benign prostate hyperplasia. In the hospital he developed fever and the clinical symptoms of acute abdomen. We therefore requested computed tomography on suspicion of mesenteric ischemia. The contrast-enhanced scans revealed, in the frontal (a) and axial (b) reconstructions in the soft-tissue window, prominent air bubbles (arrows) in the wall of the urinary bladder as a sign of emphysematous cystitis, with demarcated air inclusions. At this time the patient was showing the signs of septic shock, but this improved with volume substitution and intake of the antibiotics tazobactam and metronidazole. Insertion of a catheter resulted in drainage of 400 ml urine containing old blood together with a large quantity of air. Urine cultures revealed growth of *Enterococcus cloacae*, and the antibiotic regimen was changed to tazobactam, meropenem, and fluconazole. This resulted in amelioration of the infectious symptoms and improvement in the patient's general condition.

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