



IMAGES IN INTENSIVE MEDICINE

Emphysematous cystitis in the postoperative period of aortic valve replacement



Cistitis enfisematoso en el postoperatorio de reemplazo de válvula aórtica

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A 71-year-old male in the postoperative period of cardiac surgery presents with respiratory failure, severe hypoxemia, and predominantly left-sided subcutaneous emphysema, requiring re-intubation and 100% FiO₂. A chest X-ray could not rule out bilateral pneumothorax. Additionally, he presents with significant hemodynamic instability requiring high doses of norepinephrine, and a distended, tympanic, and painful abdomen on examination, developing hyperlactacidemic acidosis. A CCTA performed confirms the presence of bilateral hydropneumothorax, mediastinal

emphysema with involvement of the thoracic wall ([Fig. 1](#)), and at abdominal level, a distended bladder with a fluid-air level and atypical intraluminal air consistent with emphysematous cystitis of probable obstructive origin, with the Foley catheter distal end in the membranous urethra ([Fig. 2](#)). The Foley catheter was repositioned with the release of abundant gas, and a chest drain was placed. The patient showed progressive improvement with the resolution of emphysematous cystitis on follow-up CCTA.

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Figure 1

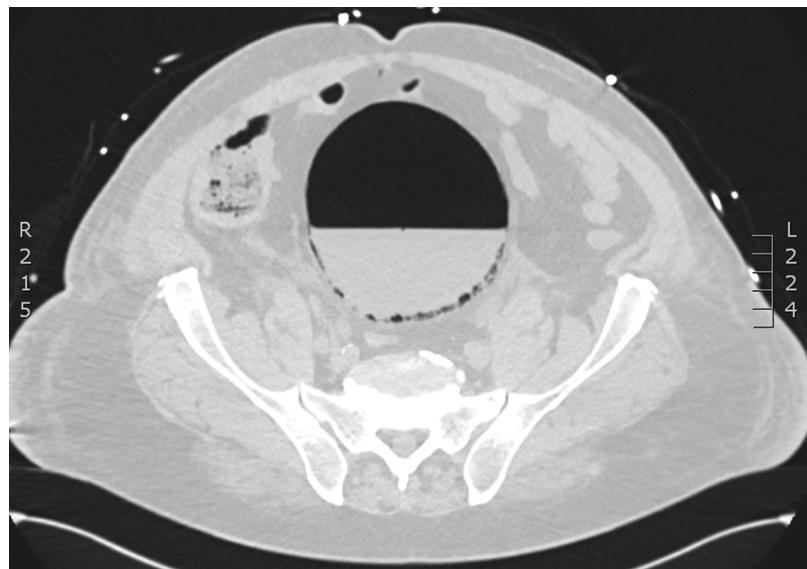


Figure 2

Conflicts of interest

None declared.

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