

A woman with syncope and acidosis

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1 | PATIENT PRESENTATION

A 77-year-old-woman with poorly controlled type 2 diabetes mellitus presented with a 1-week history of anorexia and nausea. Blood tests revealed leukocytosis associated with a left shift (white cells 21,140 and neutrophil count of 17,380 per cubic millimeter) and elevation of the levels of C-reactive protein (21.0 mg/dL). In the emergency department, she collapsed. Arterial blood gas analysis revealed

metabolic lactic acidosis with pH 7.23 and lactate of 13.5 mmol per liter. Abdomino-pelvic computed tomography demonstrated intramural gas of the bladder in a cobblestone pattern (arrows, Figures 1–2).



FIGURE 1 Computed tomography of the abdomen and pelvis. Axial view



FIGURE 2 Computed tomography of the abdomen and pelvis. Coronal view revealed circumferential locules of gas within the wall of the bladder, as indicated by arrows

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2 | DIAGNOSIS: EMPHYSEMATOUS CYSTITIS

A diagnosis of emphysematous cystitis was made, which is a rare complication of ascending urinary tract infection with gas-forming organisms. The patient was treated with urinary catheterization, intravenous fluid resuscitation, and antibiotics, but was not fit for surgical intervention. Subsequent urine culture was positive for *Escherichia coli*. Although

there was radiological evidence of gas resorption, she died several days later due to multiorgan failure.

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