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Título
Intestinal Ischemia with Extensive Aeroportia After Myocardial Infarction: A Case Report

Introdução
Hepatic portal venous gas (HPVG) and intestinal pneumatosis are rare radiologic findings strongly associated with acute mesenteric ischemia and high mortality. Non-occlusive mesenteric ischemia (NOMI) results from mesenteric hypoperfusion and/or vasoconstriction and is often underrecognized in critically ill patients. Early diagnosis and timely intervention are crucial for favorable outcomes.

Material e Métodos
We present a case report.

Resultados
We report a 71-year-old male with chronic kidney disease and prior rectal adenocarcinoma who presented with acute myocardial infarction complicated by cardiac arrest during coronary angioplasty. On Intensive Care Unit (ICU) day two, he developed epigastric pain; CT revealed extensive HPVG and intestinal pneumatosis. Exploratory laparotomy and staged laparostomy confirmed jejunal, gastric, and duodenal ischemia without gangrene. Gradual recovery allowed intestinal recovery and abdominal wall closure. Follow-up imaging showed complete resolution, and he was discharged 12 days after admission with full functional recovery.

Discussão
Concurrent HPVG and intestinal pneumatosis typically indicate advanced mesenteric ischemia and carry a poor prognosis. Nevertheless, this case, contrasting poor survival in literature, highlights that early recognition, prompt imaging, staged surgical management, and multidisciplinary supportive care can result in favorable outcomes, even in critically ill patients with multiple comorbidities.

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