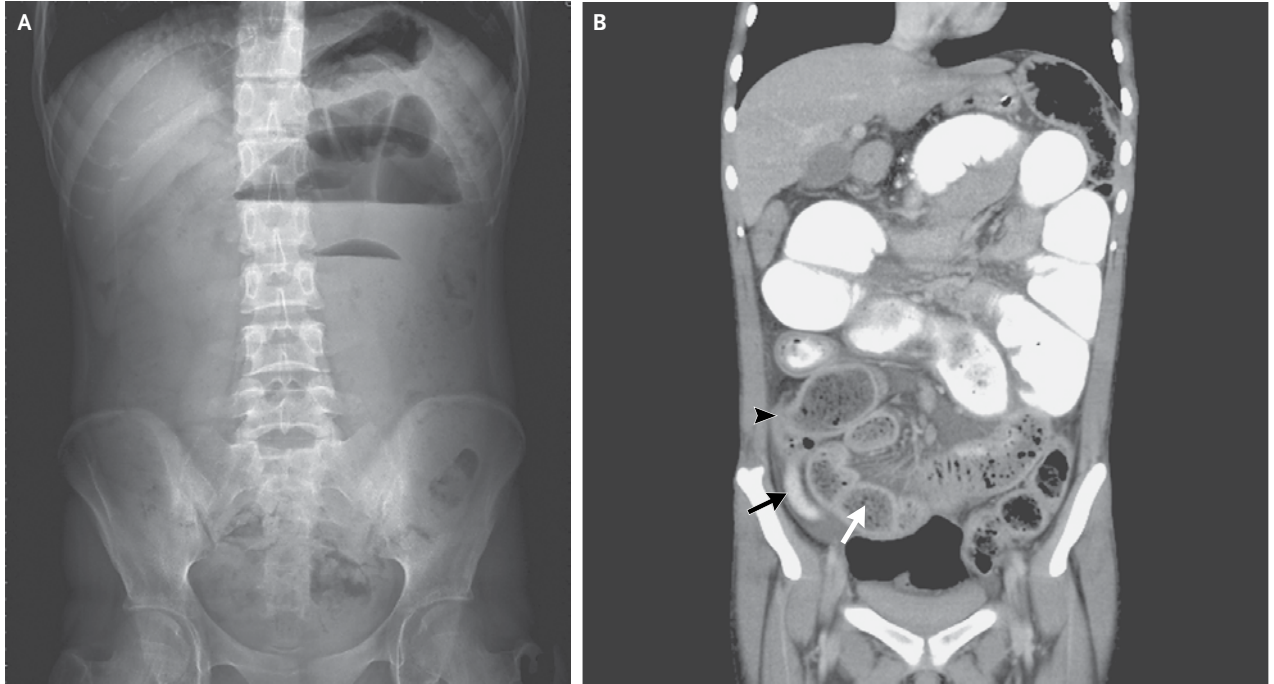


IMAGES IN CLINICAL MEDICINE

Meconium-like Ileus in Cystic Fibrosis



A 19-YEAR-OLD WOMAN WITH TYPE 1 DIABETES MELLITUS AND SUSPECTED cystic fibrosis presented with a 1-day history of acute abdominal pain. Plain radiography revealed evidence of a mechanical obstruction (Panel A). Abdominal computed tomography with intravenous contrast material showed diffuse dilatation of the small bowel, with fecal material in the terminal ileum (Panel B, white arrow), a swollen appendix (black arrow), and suspected intussusception (arrowhead). There was no evidence of fatty infiltration of the pancreas. Emergency exploratory laparotomy revealed distended small-bowel loops with a swollen appendix (Fig. 1 in the Supplementary Appendix, available with the full text of this article at NEJM.org). A long meconium-like plug in the distal ileum was milked out through a small enterotomy with subsequent relief of the obstruction (Fig. 2 in the Supplementary Appendix). Later, genetic analysis confirmed cystic fibrosis with the identification of one homozygous nonsense mutation and one heterozygous variable site in *CFTR*. Cystic fibrosis is rare in Taiwan, and sweat testing is not available. The patient was discharged 12 days postoperatively with oral maintenance *N*-acetylcysteine. She was readmitted 2 weeks later and died of respiratory failure secondary to spontaneous pneumothorax with pneumonia (Fig. 3 in the Supplementary Appendix). Sputum culture identified *Escherichia coli* and *Klebsiella pneumoniae*.

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