What's your diagnosis?

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Patient history

A 63-year-old male was treated with induction chemotherapy (TPF) for a locally advanced carcinoma of the oropharynx. On day 8 of the third cycle he presented with fever and diarrhoea. Clinical examination showed a hypotensive patient with severe epigastric pain. His lab results revealed neutropenia. A CT-scan was performed and the following images were yielded.

What's your diagnosis?



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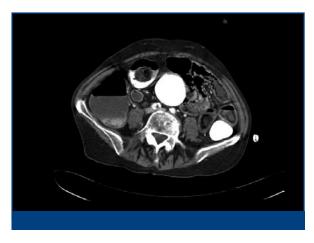
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care unit.

tality ranges from 40 to 75%.³ Blood cultures from the presented patient were positive for Bacteroïdes fragilis. Treatment with tazobactam/piperacilline and metronidazole was started and clinical improvement was observed. A control CT one month later showed complete resolution. Unfortunately, local tumor progression and lung metastasis was documented as well. After discussion with the patient, all antitumoral therapy was stopped and he died two months later in a palliative

is also determining the prognosis. The overall morshould be directed to the underlying disease which passage of gas into the circulation.2 The treatment forming bacteria in the portal venous system and circulating into the liver or (2) the presence of gascreased pressure in the bowel lumen or in an abscess have been proposed: (1) an escape of gas from inis not fully understood. Two sources of its origin el obstruction and gastric ulcers. The pathogenesis cerative colitis, intra-abdominal abscess, small bowmost frequently associated with necrotic bowel, ulon plain abdominal radiography or CT: HPVG is branching lucencies within 2 cm of the liver capsule nous gas (HPVG) is diagnosed by the appearance of with intramural and portal air. Hepatic-portal ve-The patient had a neutropenic enteritis (typhlitis)

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