We report a 16-day-old female newborn, who was admitted to our hospital on the grounds of prematurity. She was born by Caesarean section at 31 weeks of gestation and her birthweight was 1650 g. Lethargy, emesis, and macroscopic bloody stool without a marked abdominal distention developed on the 16th day of her life. The bowel sounds were absent on abdominal examination. There was no umbilical catheter on the newborn. White blood cell and platelet counts were $9.8 \times 10^3 / \mu L$ and $730 \times 10^3 / \mu L$, respectively. Hemoglobin level was 12.3 g/dL. Serum glucose and electrolyte levels were normal. Additionally, renal and liver function tests were in normal ranges. Metabolic acidosis was detected in the arterial blood gas analysis. C-reactive protein and blood cultures were negative. Pneumatosis intestinalis and portal venous gas were observed on direct abdominal X-ray (Figure 1). The patient was diagnosed with stage IIB necrotizing enterocolitis according to the modified Bell’s staging criteria. Subsequently, enteral feeding was stopped. After the stabilization of the patient, total parenteral nutrition was provided. Antibiotics (ampicillin, gentamicin, and clindamycin) were administered for 14 days. The patient was followed-up by a pediatric surgeon and a neonatologist. The patient recovered with conservative treatment without the need of a surgical intervention.

We want to share this patient’s X-ray image because of a very characteristic image of pneumatosis intestinalis and the portal venous gas in the same radiogram.

Figure 1: Antero-posterior abdominal X-ray shows pneumatosis intestinalis and portal venous gas.
REFERENCES
