

Intra Operative Incidental Finding of a Proximal Jejunal Diverticulum: A Case Report

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Abstract

Case Report

Diverticulosis of the small intestine in adults is rare [1], it is much less frequent in the jejunum than in the colon [2], the main complication of jejunal diverticulosis is perforation. We report the case of a 68-year-old patient in whom a proximal jejunal diverticulum was discovered incidentally.

Keywords: Incidental Finding, Proximal Jejunal, Diverticulum.

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INTRODUCTION

Diverticulosis of the jejunum is rare. Acquired diverticula result from dyskinesia and are drive diverticula [3-4]. In the absence of complications, small bowel diverticula are asymptomatic. However, the most common clinical manifestation is ill-defined abdominal pain, which is chronic in course [5]. Complications are often severe due to delayed diagnosis and thus management [1].

PATIENT AND OBSERVATION

A 68-year-old patient was admitted for a feeding jejunostomy. The patient has a history of an epidermoid carcinoma of the lower esophagus, candidate for concomitant radio-chemotherapy. The clinical examination found a malnourished and an aphagic patient with an altered general condition. Biological tests showed hypoalbuminemia at 20 mg/l with hypoprotidemia at 45 g/l.

The patient was admitted to the operating room, the surgical exploration had shown the presence of a jejunal diverticulum located 10 cm from the angle of Treitz (Figure*), the decision was to respect the diverticulum, and to make a feeding jejunostomy according to Witzel downstream of the diverticulum. The postoperative course was uneventful. The patient was subsequently referred for radio chemotherapy sessions.

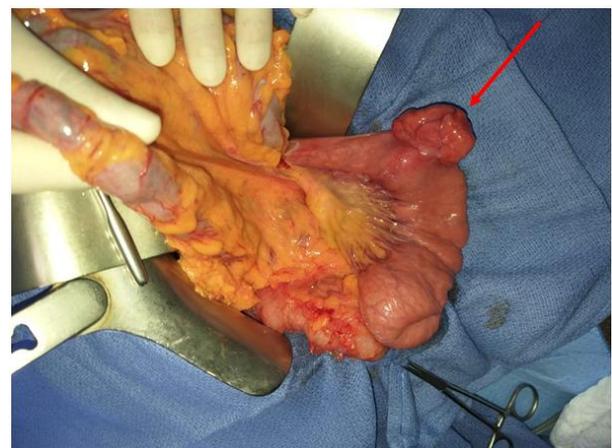


Fig-1: Proximal jejunal diverticulum

DISCUSSION

Acquired diverticula of the jejunum correspond to a herniation of the mucosa and submucosa and do not include muscularis, they are located on the weak areas of the jejunal wall, generally at the site of vessel penetration. Diverticulosis of the small intestine affects about 1% of the population, it is less frequent than that of the colon, the diverticula are multiple in two thirds of cases and predominate on the proximal jejunum, and their size is variable, sometimes > 10 cm [4-9]. More rarely, it may be a diverticulum of the distal ileum, often unique and of a small in size, and may pose a problem of differential diagnosis with Meckel's diverticulum [6].

Jejunaldiverticulums are found incidentally in 40% of cases. However, a malabsorption syndrome due to intraluminal microbial proliferation may occur. Other complications including perforation, occlusion and hemorrhage are observed in 10-20% of cases. Diverticulitis remains the rarest complication, it is of sub-acute evolution and presents as an inflammatory pseudotumor that evolves towards perforation with the risk of localized or generalized peritonitis [3-7].

The symptomatology of a complicated diverticulum is unspecific and misleading, and may simulate sigmoiditis, appendicitis or even cholecystitis [6, 7]. Abdominal CT is the examination of choice for the positive diagnosis of a complicated bowel diverticulum [7-9], especially in terms of locating inflammatory phenomena on the mesentery and the possible presence of abscesses resulting from perforation, and to rule out other conditions such as sigmoiditis or appendicitis. The larger the diverticulum, the easier it is to detect, and the more aerated and heterogeneous the contents, the more likely it is to be related to intestinal stasis [1]. Diverticula collapsed by inflammation are not identifiable; in this case only inflammatory phenomena can be seen on the mesentery. Abdominal CT allows the extent of mesenteric infiltration to be determined, as well as the presence of radiological signs of severity such as abscesses, peritonitis and pneumoperitoneum, which indicate surgery.

Resection of the affected bowel segment with direct anastomosis is the treatment of choice [3-9], but this depends on local conditions. Some cases of diverticulitis have been treated medically depending on the terrain and especially in the absence of radiological signs of severity [6].

CONCLUSION

Small bowel diverticula are often discovered incidentally. However, they can be the cause of atypical abdominal pain with a chronic course or give a picture

of peritonitis, occlusion or digestive hemorrhage. Abdominal CT is the reference examination for locating the diverticulum and diagnosing complications while eliminating other inflammatory conditions of the abdomen. Surgical resection with direct anastomosis of the diverticulum is the best option.

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