

An unusual case of central abdominal pain: Jejunal diverticulitis

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Introduction

It has been more than 200 years since the first description of jejunal diverticular disease reported by Soemmering and Baillie [1]. However, it is still an unfamiliar entity due to scarcity of literature.

Case presentation

A 62 year old previously healthy female presented with central abdominal pain for 3 days duration associated with poor appetite, nausea and vomiting. She had a few similar but less severe episodes over two years. Physical examination revealed tachycardia, central abdominal tenderness and guarding without rigidity.

There were neutrophil leukocytosis and elevated C reactive protein levels. Contrast enhanced CT of abdomen showed a loop of small intestine at central abdomen with adhesions and loculated fluid collections (Figure 1).

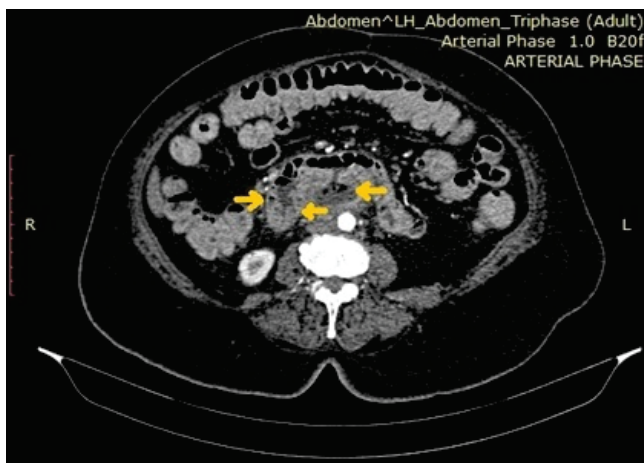


Figure 1. A loop of jejunum located in the central abdomen showing multiple diverticula

Diagnostic laparoscopy revealed multiple diverticula with inflammatory changes located along the mesenteric border of proximal jejunum for a stretch of 15cm (Figure 2). Rest of the small and large intestine appeared normal. Laparoscopic assisted resection of affected jejunal segment and side to side stapler jejunostomy were performed.

Patient was discharged on fourth post-operative day following an uneventful recovery. Histopathology confirmed jejunal diverticulitis.

Discussion

Non-meckelian jejuno-ileal diverticula are the rarest form of gastrointestinal diverticula with an incidence of 0.3% to 1.3% in autopsy studies [1]. They have a predilection for older female and tend to be more common in the jejunum than ileum [2].

These acquired pulsion type pseudodiverticula consist of mucosa, submucosa, serosa and absent muscularis propria. Abnormal intestinal contractions and weak bowel wall where blood vessels penetrate at mesenteric border are thought to be involved in the pathogenesis [2].

Even though majority are asymptomatic, some will develop symptoms such as intermittent central abdominal pain, nausea and diarrhea. However, the commoner presentations would be following complications including hemorrhage, malabsorption, obstruction, inflammation and rarely perforation [1, 2].

Jejunal diverticula have characteristic CT appearance of ovoid, fluid and air containing, smooth walled structures adjoining the small bowel [3].

Conservative management may be suitable for incidentally detected or for mild symptoms. However, surgical excision will be curative for patients with significant symptoms or complications.

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Figure 2. Multiple jejunal divertula (a). Laparoscopic view (b). Resected segment

Conclusion

Jejuno-ileal diverticulitis needs to be considered in the differential diagnosis for central abdominal pain in old age patients.

References

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Learning Points:

- Non-meckelian jejuno-ileal diverticula are the rarest form of gastrointestinal diverticula.
- Jejunal diverticulitis is a rare cause of acute abdomen in elderly.
- Jejunal diverticula have CT appearance of ovoid, fluid and air containing, smooth walled structures adjoining the bowel wall.