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CASE REPORT

Antimesenteric Jejunal Diverticulosis: A Case Report

Salah K. AL-AHMEDİ[1], Mohammed H. SAEED[2]

[1] Department of General Surgery, Basrah General Hospital, Basrah, Iraq
[2] MRCS (Glasg), Registrar in General Surgery, Basrah General Hospital, Basrah, Iraq

ABSTRACT

Diverticulosis of the jejunum is a rare disease (0.06-1.3%). Clinical awareness of this disease is important as it may masquerade as malabsorption, intestinal obstruction or irritable bowel syndrome and because it carries serious complications such as bleeding, perforation, obstruction, malabsorption, diverticulitis, blind loop syndrome, volvulus, and intussusceptions, which may warrant surgical intervention. Thus, prognosis is better if it is diagnosed early and treated properly. We report a rare case of jejunal diverticulosis of antimesenteric type and its delayed presentation in the form of malabsorption syndrome.

Key words: *Jejunal diverticula, Malabsorption syndrome, Jejunal resection*

ÖZET

Antimezenterik Jejunal Divertikülit: Olgu Sunumu

Jejunum divertiküliti nadir bir hastalıktır (%0.06-1.3). Bu hastalık için klinik farkındalık önemlidir çünkü malabsorpsiyon, intestinal obstrüksiyon veya iritabl bağırsak sendromu olarak maskelenebilir, ve ayrıca cerrahi girişim gerektirebilecek kanama, perforasyon, obstrüksiyon, malabsorpsiyon, divertikülit, kör loop sendromu, volvulus ve intussussepsiyon gibi ciddi komplikasyon risklerini taşır. Bu yüzden, eğer erkenden tanı konur ve uygun şekilde tedavi edilirse prognozu daha iyidir. Malabsorbsiyon sendromu tipinde gecikmiş bir başvuru ile gelen a antimezenterik tipte nadir bir jejunal divertikülit olgusu sunuyoruz

Anahtar kelimeler: *Jejunal divertikül, Malabsorpsiyon sendromu, jejunal rezeksiyon*

CASE REPORT

A 35-year-old housewife presented with diffuse abdominal pain of one week duration, vague in character in which neither related nor aggravating or ameliorating factors were mentioned. This pain was associated with dyspepsia, diarrhea and poor appetite. She had episodes of dyspeptic symptoms of five years duration.

On examination, she looked ill with thin build and normal vital signs. Chest and abdominal examinations were normal.

Work-up study revealed normal levels of hemoglobin concentration, white blood cell, blood sugar, and blood urea, and normal liver and renal function tests.

Computed tomography (CT) scan with contrast revealed dilated small bowel loops with contrast-filled pouch.

Exploration was done, revealing multiple jejunal diverticula seen in the antimesenteric side as well multiple fibrotic strictures in the bowel lumen. Resection of a small bowel segment with end to end anastomosis was done.

Postoperatively, the patient was discharged well and was seen weeks later with improving appetite, gain in weight and normal bowel motility. Histopathological results revealed benign condition of multiple jejunal diverticulosis with multiple fibrous strictures of the small bowel lumen.

DISCUSSION

Jejunal diverticulum is a rare entity with an incidence rate ranging from 0.3% to 1.3% in autopsy series and 2.3% in radiographic findings[3]. It was first described in 1794 by Sommering and later in 1807 by Sir Astley Cooper, and is characterized by herniation of mucosa and submucosa through the muscular layer at the point where blood vessels penetrate the intestinal wall (false diverticula)[2,5]. This explains their typical location on the mesenteric side[2,3,7].

However, jejunal diverticulosis can be seen on the antimesenteric border but in rare pattern.

Diverticula are more frequent in the jejunum (61%) than the other parts of the small bowel and it is attributed to the greater diameter of the penetrating jejunal artery[5]. Diverticula are usually multiple[5,8], in contrast to the congenital Meckel's diverticulum, and tend to be larger and higher in number in the proximal jejunum and smaller and fewer caudally[9].

Complications of jejunal diverticulosis may be serious and present a diagnostic dilemma since the disease is not common and thus not usually high on the index of suspicion.

We presented herein one of the complications that causes delay in presentation and is overlooked in differentials-recurrent diverticulitis and malabsorption syndrome-in which the patient seeks different physicians and surgeons and is managed as gastroenteritis, irritable bowel syndrome or other differentials.

Intestinal obstruction is the end result of intrinsic fibrotic stricture of a long-standing inflammatory process in the bowel lumen, as seen in Figure 1.

Multiple antimesenteric jejunal diverticula (Figures 2,3) make the condition rarer and could be explained by other hypotheses, and the mucosal herniation theory can be implied from the large jejunal vessels penetrating the jejunal wall.

The earlier the diagnosis is made, the better the patient's prognosis.

Clinical awareness of this disease by both surgeon and physician will facilitate early diagnosis and prevention of its serious sequelae, as proper knowledge and awareness of this disease are important in its diagnosis and appropriate management.

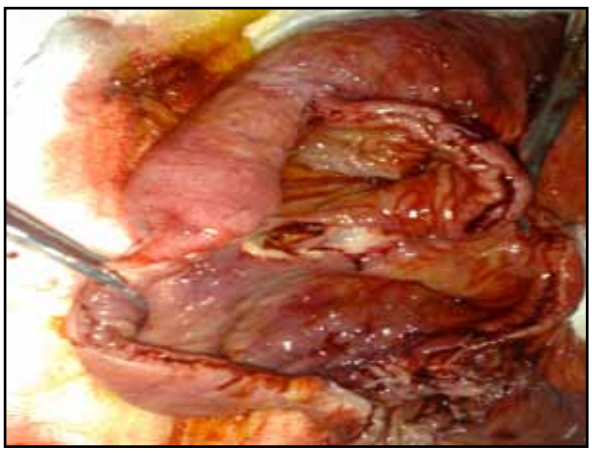

Figure 1.

Figure 2.

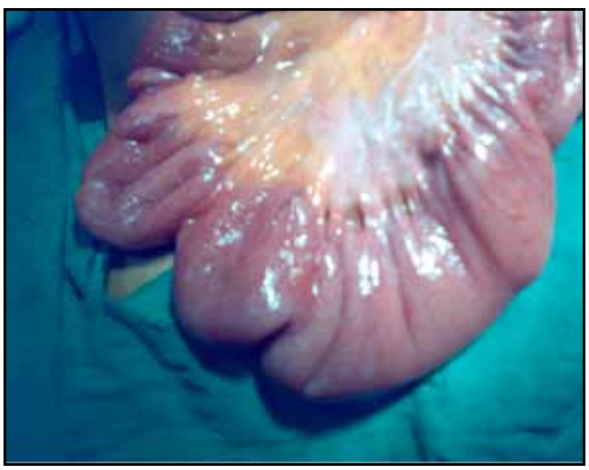

Figure 3.

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Address for Correspondence

Salah K. AL-AHMEDI, MD
Department of General Surgery,
Basrah General Hospital
Basrah-Iraq

E-mail: s_kadim2000@yahoo.co.uk