

Jejunal Diverticulitis: A Challenging Diagnosis

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7c ffYgdc bX] b [' U i h \ c f. Hichem Jerraya, Department "B" of General Surgery, Charles Nicolle Hospital, Boulevard du 9 Avril, 1006 Tunis, Tunisia, Tel: +21698540006; E-mail: jerrayahichem@gmail.com

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Jejunal diverticulitis is an uncommon condition, characterized by unspecific symptoms which may lead to delayed diagnosis and high risk of mortality. Computed tomography can be very useful for early diagnosis.

We reported a case of 42-old-woman who presented with acute abdomen due to jejunal diverticulitis. The diagnosis was strongly suspected preoperatively by computed tomography but other entities such as perforated

CT findings evoked strongly a jejunal diverticulitis but a perforated neoplasm of the jejunum couldn't be formally eliminated. At laparoscopic exploration, there was no peritonitis, the inflammatory process was identified arising from the mesenteric border of the jejunum at 60cm from the Treitz ligament (Figure 3).



Figure 3 Intraoperative image showing the inflammatory process which arose from the mesenteric border of the jejunum (arrow).

A laparoscopically assisted resection of the involved jejunum and mesentery including the inflammatory process was performed (Figure 4) followed by a side to side anastomosis. Pathological analysis of the resected specimen was consistent with the diagnosis mesenteric abscess related to jejunal diverticulitis. Post operative course was uneventful and the patient was discharged home on hospital day 4.

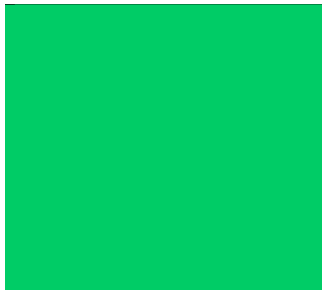


Figure 4 Intraoperative image showing (a) the extracorporeal step of the laparoscopic-assisted resection (b) the resected specimen.

Discussion

We reported a case of jejunal diverticulitis which underlined the diagnostic difficulties of this uncommon condition.

Jejunal diverticula are an acquired disease consisting of thin walled mucosal herniations through gaps in muscular layers and generally extending along the pathway of supplying blood vessels [3]. Their origin has not been well clarified. Hypotonic small intestinal motility dysfunction, in relation to degenerative processes such as myo and neuropathy of the myenteric plexus, with consequent bacterial

overgrowth is often considered the cause [4]. The incidence rate of jejunal diverticula is of 0.1-1.5% [5]. However, this rate is probably underestimated due to the often asymptomatic nature of this disease [3]. Otherwise, the symptoms are usually related to a complication such as perforation of the diverticulum [5]. Commonly the clinical presentation is unspecific and the symptoms may vary from vague intermittent abdominal pain to acute abdomen with leucocytosis and fever [2]. Plain radiographic and ultrasound findings are rarely