Jejunal diverticula – a rare cause of intestinal perforation

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Abstract Jejunal diverticuli is a extremely rare entity. We report a case of jejunal diverticulum as a cause of perforation peritonitis, which has been managed by resection anastomosis. This study is important from the perspective that clear cut guidelines for management of jejunal perforation are not available in literature.

Keywords Jejunal diverticuli · Perforation

Introduction

Jejunal diverticula's are as such a very rare entity. Incidence noted is 0.1 to 1.5% [1]. These are the false type of diverticulum occurs mainly in older age group. The cause of jejunal diverticulosis is thought to be a motor dysfunction of the smooth muscle of the myenteric plexus resulting in disordered contractions of small bowel, generating increased intra-luminal pressure and resulting in herniation of the mucosa and sub-mucosa [4].

Case report

A 65-yr-old male, chronic smoker presented as an emergency with a three days history of sudden, severe generalized abdominal pain associated with vomiting. He didn't carry any significant past history. On examination he appeared dehydrated having tachycardia and tachypnoea. Abdomen was distended, tender showed all features for peritonitis. Standing x-ray abdomen showed evident no gas under diaphragm. Sonography suggested multiple, thick walled a peristaltic small bowel loops with free fluid in abdomen.

Immediate exploratory laparotomy was performed after explaining the due risk to the patient's kin. Laparotomy revealed large amount (approximately 4 lit.) of purulent fluid in peritoneal cavity. There was evidence of four jejunal diverticula's. Most proximal diverticulum had perforation of 0.5 cm size, rest of the diverticula's were thin walled and non inflamed. Resection of the whole bowel segment containing diverticuli was done and end to end anastomosis done.

Histopathology reported features suggestive of acute infective lesion with diverticulitis with inflammatory cells in

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Fig. 1 Resected specimens

all layers of bowel. Patient made uneventful recovery and was discharged on 10th post operative day.

Discussion

Jejunal diverticula is as such a very rare entity. It is usually a incidental finding on laparotomy. Usual presentation is intermittent abdominal pain, flatulence, diarrhea and constipation in 10 to 30% cases [2]. Chronic symptomatology includes vague chronic abdominal pain, malabsorption, functional pseudo-obstruction and chronic low grade gastrointestinal hemorrhage.

Acute complications reported are intestinal obstruction, hemorrhage or perforation can occur but are rare [3]. Reported in 5 to 10 % [5]. Occult perforation of jejunal diverticulum is known to occur in rare cases [6].

Treatment for complications is only indicated. Resection of whole part of bowel segment was performed in order to avoid any future complications to the remaining diverticula. Invagination, excision and simple closure are associated with greater mortality and morbidity. Resection and anastomosis is a good viable option in these cases [7].

Conflict of interest The authors do not have any disclosable interest

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