Jejunal Diverticulosis - Rare Cause of Gastrointestinal Bleed

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Abstract Jejunal diverticulosis was first described by Somerling in 1794 and by Sir Astley Cooper in 1807. Jejunal diverticula are rare. Hemorrhage from jejunal diverticula usually presents as gastrointestinal bleeding. Here, we present a case of severe gastrointestinal bleeding presenting as malena due to jejunal diverticulosis.

Keywords Jejunal diverticulosis • Gastrointestinal bleed

Case History

A 75-year-old man came with history of malena for 1-week duration. He was evaluated at another hospital and was referred to here since he developed hypotension. His baseline investigations showed severe microcytic anemia. Coagulation and liver profile was normal. Esophagoduodenoscopy was noncontributory. Contrast CT showed multiple outpouchings in the jejunum (Fig. 1). RBC tagged scan showed tracers in the jejunum. Enteroscopy done showed diverticulae with bleeding. The patient was managed conservatively, but due to persistent drop in hematocrit, exploratory laparotomy was done which showed multiple blood-filled diverticulum in the long segment of jejunum which was resected (Figs. 2, 3 and 4). Post-

Fig. 1 CT abdomen shows multiple outpouchings from jejunum

resection he improved and there was no further bleeding. He was discharged and follow-up was normal.

Jejunal diverticulosis was first described by Somerling in 1794 and by Sir Astley Cooper in 1807 [1]. These are false,

Fig. 2 Intraoperative picture showing multiple outpouchings from jejunum

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Fig. 3 Intraoperative picture showing jejunal diverticulosis

Fig. 4 Resected specimen showing jejunal diverticulosis

acquired diverticula, formed by outpouching of mucosa usually on the antimesenteric border of the jejunum through gaps in the muscle layers along the pathway of the visceral vessels [2]. Jejunal diverticula are rare. Most Jejunal diverticula are asymptomatic. They can be associated with diverticula in the colon (35 %), duodenum (26 %), or esophagus (2 %) [3]. Complications of jejunal diverticulosis include diverticulitis, gastrointestinal bleeding, intestinal obstruction, and perforation.

The preferred approach to acute hemorrhage is intestinal resection of the bleeding jejunal segment with primary anastomoses [4].

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