Jejunal diverticulitis and its complications – three cases
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Objective
Diverticula in the small bowel are rare and they are typically asymptomatic. However, complications can lead to acute symptoms, which require immediate treatment.

Methods
We report three cases of jejunal diverticulitis treated in our hospital between October and November 2014. Three patients, two men and one woman, consulted our emergency department due to diffuse abdominal pain that had been persistent for several days. Diagnostics revealed the presence of an inflammatory focus in the abdomen with clinical signs of an acute abdomen. In one case, upright radiography of the chest was performed, which showed the presence of subphrenic free air. In the other cases the initial radiographic findings were not conclusive. Since symptoms persisted after 12 hours a contrast enhanced abdominal computed tomography (CT) was performed, which revealed in one patient multiple perforations of the small bowel (Fig. 1) and in the other case indirect signs of an intra-abdominal inflammation. Due to these findings, explorative laparotomies were performed.

Results
Intraoperatively, perforated proximal jejunal diverticula located at the mesenteric edge were found in all patients (Fig. 2). Resections of the diverticula containing segments with primary anastomosis were performed. Histopathology confirmed jejunal diverticulitis with perforation and concurrent peritonitis. While in two cases the postoperative course was uneventful and patients were discharged between the 8th and 9th postoperative day, one patient died because of an exacerbation of a known cerebral cancer disease.

Fig. 2 Resected jejunal segment with multiple diverticula at the mesenteric edge

Conclusion
Diverticula in the small bowel are mostly located in the jejunum and rarely in the ileum. The complications of diverticula located in the small bowel although relatively rare, should be considered as a cause for abdominal pain. The clinical findings are often unspecific and mimic common inflammatory diseases like appendicitis, sigmoid diverticulitis, etc. First choice of medical imaging in the emergency setting is CT which often shows evidence of indirect signs for the diverticulitis rather than the definitive diagnosis. Hence, explorative surgical intervention represents the preferred treatment. The intake of steroids or NSAIDs was mentioned as a possible predisposing factor for perforation of jejunal diverticula in the literature. Interestingly, two of the three patients in our case series were treated with steroids.

References

Fig. 1 Signs of multiple perforations in the small bowel

Fig. 2 Resected jejunal segment with multiple diverticula at the mesenteric edge