BACKGROUND

Jejunal diverticulosis (JD) is an uncommon and often asymptomatic condition that is sporadically observed during laparotomy or radiographic examination. The majority of patients with JD have no symptoms. However, they can present with a number of emergent complications with a high rate of mortality caused by delay in diagnosis. Bleeding from JD occurs in less than 3%-8% and often appears as fresh rectal hemorrhage. We report a case of JD with recurrent episodes of massive gastrointestinal (GI) bleeding.

METHODS

A 70 years old male patient was admitted to the ICU for hemorrhagic shock with lower GI bleeding. His past medical history was related to long-term NSAID and prednisone medication for back pain. Physical examination revealed tenderness and distention of the abdomen and no palpable mass. The initial hemoglobin was 75g/l and the patient required fluid resuscitation with transfusion of 7 units of blood. An upper and lower endoscopy failed to demonstrate the source of bleeding. The workup was completed by a CT angiography without signs of intestinal tract bleeding. The patient was then stabilized for 2 days before rectal bleeding relapsed. A second CT angiography was done and showed an active bleeding in JD. The patient underwent explorative laparotomy with jejunal segment resection and primary Anastomosis. Intraoperative, a bay leaf was stuck as a foreign body in one of the diverticula.

RESULTS

The evolution after surgery was uneventful with normalization of the hemoglobin. The patient was discharged at home on day 16 in good general condition. The follow up at 6 weeks with laboratory and clinical controls showed no relapse.

CONCLUSION

JD is an uncommon entity and a rare source of GI hemorrhage. However, it should be considered in all patients with acute bleeding, because it may lead to life threatening complications. Endoscopy of the upper GI tract often fails to depict the exact focus of bleeding. In case of ongoing rectal hemorrhage, CT angiography is an accurate and non-invasive modality that may detect the bleeding site. Surgical resection of the involved intestine and primary anastomosis is the treatment of choice.

REFERENCES

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