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Original Research Paper

General Surgery

JEJUNAL DIVERTICULAR PERFORATION- AN ENIGMA

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ABSTRACT

Jejunal diverticula are extremely uncommon, with a frequency of 0.3–2.3 percent among older males. A jejunal diverticulum is often asymptomatic; nevertheless, patients may experience nonspecific persistent symptoms such as malabsorption, discomfort, or nausea, which can lead to a misdiagnosis. Complications are infrequently documented, with about 10% of patients reporting them. We present a one-of-a-kind case of a 62-year-old man who developed sepsis as a result of perforated jejunal diverticulitis and was successfully treated with resuscitation and final surgery.

KEYWORDS : Jejunal diverticula, Perforation, acute abdomen

INTRODUCTION

- Jejunal diverticula are **pseudo diverticula** which were first described by Sir **Somerling in 1794** and by **Astley Cooper in 1807**
- It's an uncommon disease, with an annual incidence of 0.3–2.3 percent, and it mostly affects elderly men..[2]
- **Perforation rates are found to be(2.3–6.4%)**[1], obstruction[4], hemorrage are rare complications of jejunal diverticulosis.
- Patients with J/Diverticulosis may present with chronic vague **symptoms** including chronic abdominal pain,malabsorption, pseudo-obstruction and chronic low grade lower GI hemorrage.[3]

CASE STUDY

A 62 years old male presented to the emergency department with complaints of sudden onset abdominal pain since last 24 hours.

The pain initially started at the umbilical region and within a day he developed pain over the left iliac fossa associated with fever.

He was known smoker and smoked 1pack a day on an average since last 40 years.

Vitals signs were abnormal with a fever of 101 ^{0}F and tachycardia of 120 bpm, blood pressure of 130/80mmhg.

On physical examination, the patient had mild tenderness on palpation through out the lower and mid abdomen . No signs of rebound tenderness, guarding or rigidity.

Diagnostic Studies showed Leucocyte count of 16000 cell/mm^3 ,with predominant neutrophils,High c-Reactive protein (156) - Other parameters were within normal range which included the Serum Urea/Creatinine and electrolytes.

Xray abdomen(erect) Showed free gas under diaphragm. (Fig.:1)

-USG whole abdomen showed moderate collection in the pelvis with no other significant finding. Following which Patient underwent an emergency exploratory laparotomy.

Fig.:2

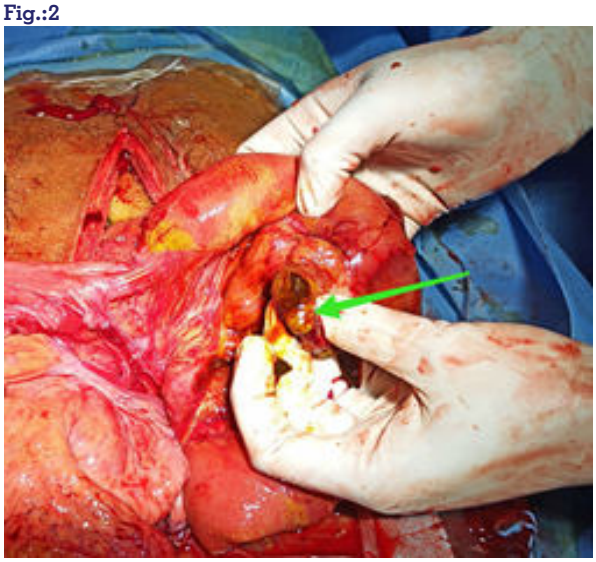

Fig.:3

Fig. 2&3:Black Arrow showing healthy jejunal diverticula; Green Arrow showing perforated jejunal diverticula

On exploration multiple jejunal diverticulae extending from 40 cms of DJ junction to 80cms of jejunum. Perforation was seen in

the most distal diverticula.

After thorough peritoneal lavage, resection and end to end anastomosis of the jejunal segment with the diverticulae was done.

CONCLUSIONS

- Owing to the rarity of the condition, complicated jejunal diverticulitis can be both diagnostic and therapeutic challenge.
- Jejunal diverticulitis should be considered a differential diagnosis in cases of acute abdomen specially in older age groups and a CT scan will allow for the timeliest diagnosis.
- In cases of free perforation resection of the affected segment with primary anastomosis appears to be a successful management policy.

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