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GASTROINTESTINAL BLEEDING FOR COMPLICATED DUODENAL-JEJUNAL DIVERTICULOSIS: A CASE REPORT

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Introduction

Upper gastrointestinal bleeding is a potentially life-threatening abdominal emergency and more frequently are related to gastritis, peptic ulcer, esophageal varices, cancer. Small bowel diverticulosis is a rare disease and its incidence ranges from 0.06 to 5%. Most of the patients with small bowel diverticulosis are asymptomatic throughout their live and only few patients experience complications like bleeding or perforation.

Case report

A 88-year-old man with a medical history of duodenal-jejunal stenosis was admitted to our unit presenting with severe anemia and melena. CT showed a 3 cm duodenal diverticula with hidro-air level and several small bowel diverticula. He underwent to blood transfusion and emergency EGSD that revealed duodenal stenosis with a large tightly adherent posterior wall blood clot without active bleedings. Three days later, the patient presented hemorrhagic shock so it was performed an emergency laparotomy with atypical duodenal-jejunal resection. In intensive post-operative care unit, he presented an anastomotic leak and the patient received another emergency laparotomy with anastomotic reinforcement. He died in VIII POD.





Discussion

Small bowel diverticulosis can be congenital when it come to the antimesenteric side or acquired to the mesenteric side. It is generally almost asymptomatic and only 10% of cases produce acute complications as intestinal occlusion, diverticulitis, peritonitis caused by a diverticulosis's perforation or massive hemorrhage. Chronic symptoms such as malabsorption syndrome should be treated with medical therapy. Intestinal resection must be performed for complicated small bowel diverticulosis.

Conclusion

Small bowel diverticulosis is an uncommon disease that should be considered in patient with chronic abdominal pain, malabsorption syndrome, megaloblastic anemia. Surgery is required only for life-threatening rare acute complications.