

Surgery Collaborative and Long-term Practical Experience Learning

SCaLPEL

Multiple jejunal diverticula with perforation

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Introduction

- 55 –years old man presented to ER
- Pain in left hemiabdomen of 2 days duration
- Febrile up to 38.5C
- Pain felt as sharp associated with nausea and bloating
- Medical history: Open appendectomy 10 year ago
- -No other comorbidities

- -Physical examination: signs of peritoneal irritation in left middle hemiabdomen, mild abdominal distension

Diagnostics

In left hemiabdomen a thickened small bowel loop with oedematous wall and mesentery oedema

- Few surrounding bowel loops dilated as well up to 3.5cm
- No free fluid or pneumoperitoneum

-Morphologically, jejunal obstruction with adhesions or interbalhernia was suspected







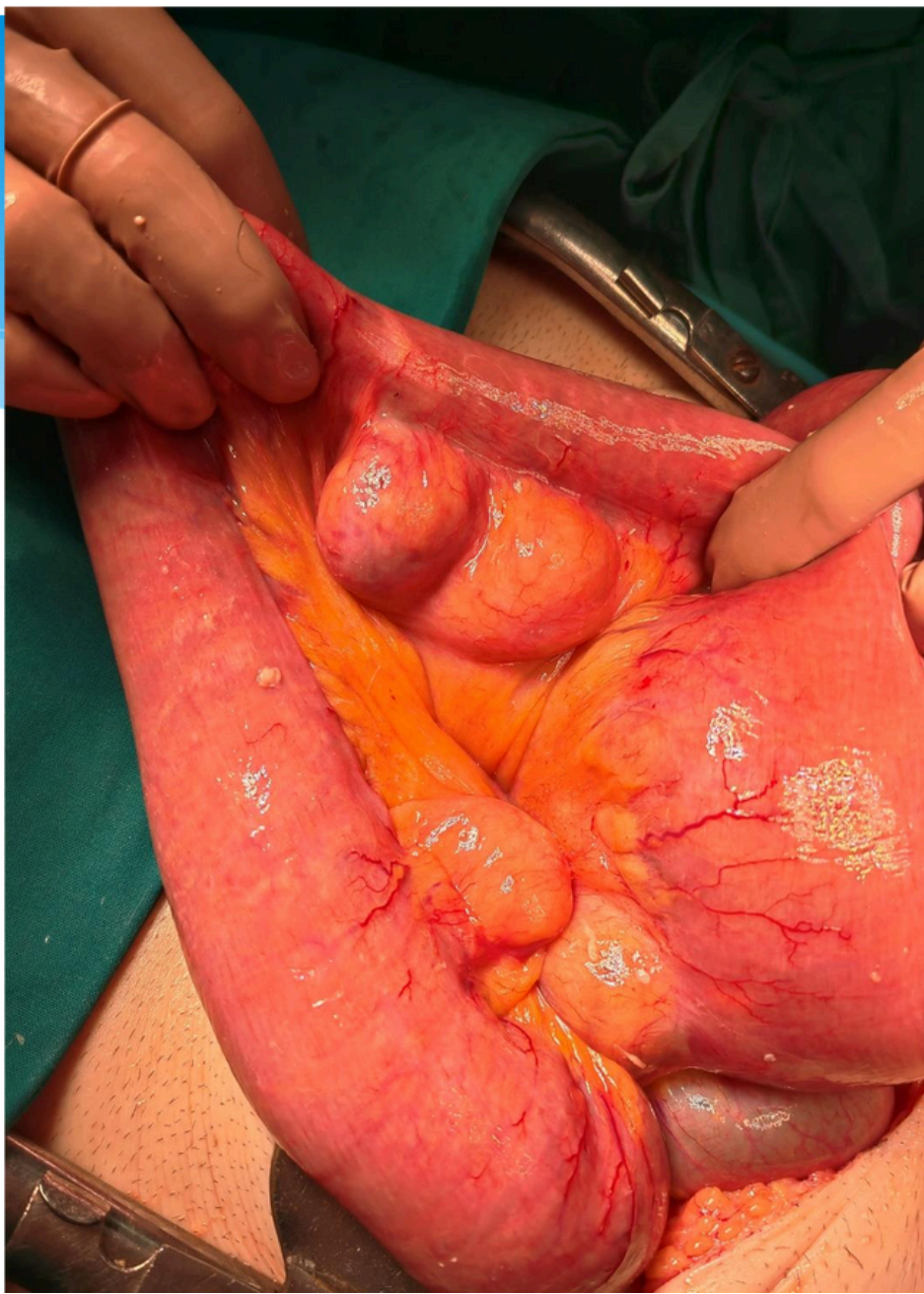
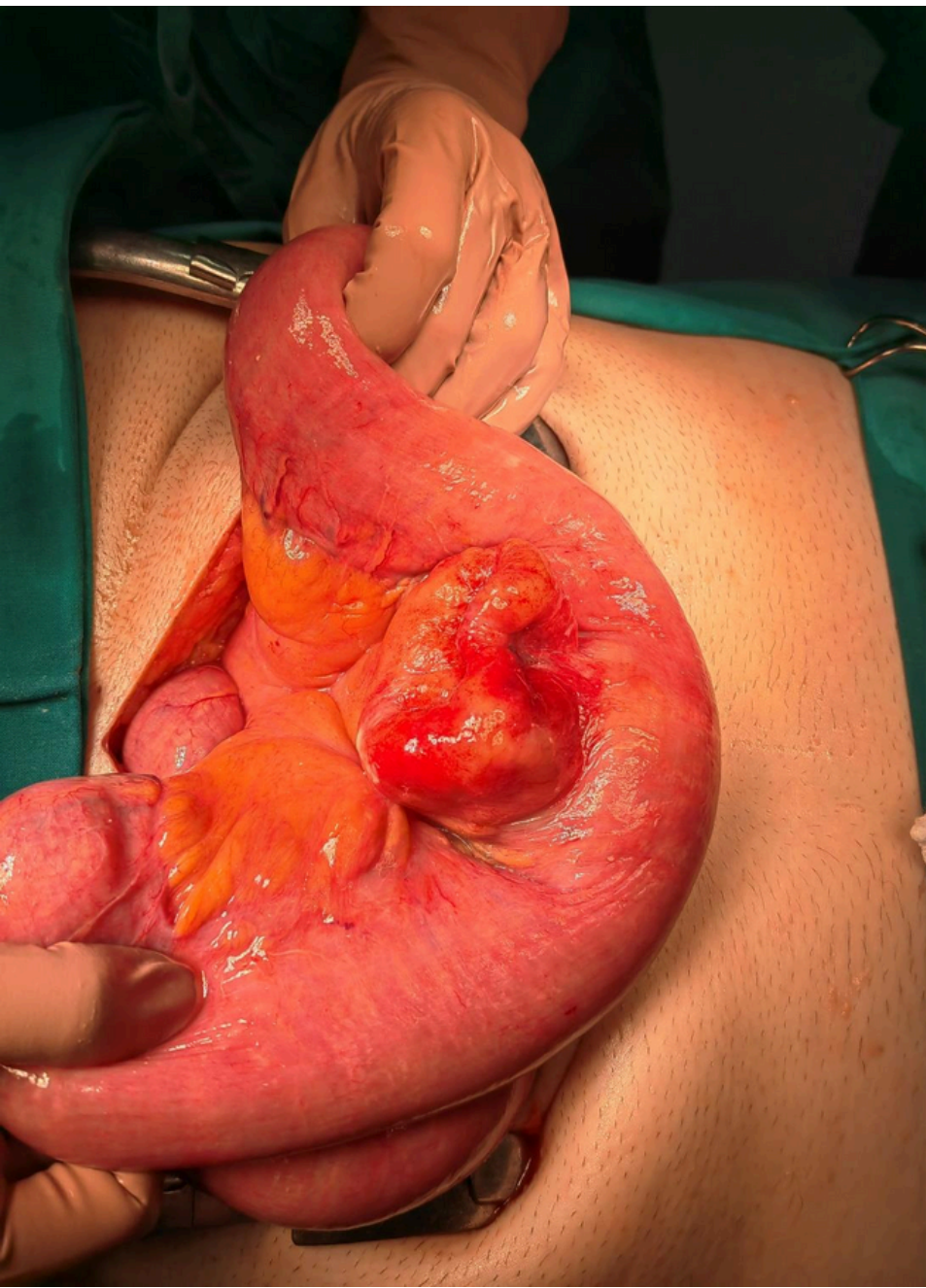


☐ L 15, Neutrophilia: 78%

☐ CRP 45

☐ Surgical exploration was indicated

☐ Open surgery-median laparotomy



Finding

- In upper jejunum
- 1 large diverticula on antimesenteric side (5cm base) was detected with surrounding fibrine suggesting covered perforation.
- 2 more diverticula 15-30cm distally

Treatment

- Resection of 40cm of small bowel that contained all the diverticula including the inflamed one
- TT anastomosis-single layered hand sewn
- MKB, Drainage

PHD

DIVERTICULOSIS INTESTINI TENUIS CUM DIVERTICULITIDE.

- *30cm long small jejunum specimen*
- *5 cm wide diverticula covered with fibrin-signs of suppuration inflammation*
- *3 more diverticula 0.5-2cm in other part of the bowel with inflammation*
- *Histologically normal bowel mucosa within diverticula*

Small bowel diverticulosis

- Jejunal diverticulosis -presence of multiple sac-like mucosal herniations through weak points in the intestinal wall.
- Small intestinal diverticula are far less common than colonic diverticula.
- The cause of this condition is not known. It is believed to develop as a result of abnormalities in peristalsis, intestinal dyskinesia, and high-segmental intraluminal pressures.
- >40 years old
- non-specific symptoms or with features that mimic other complex symptoms including appendicitis, colonic diverticulitis, or Crohn disease.

Small bowel diverticulosis

- it is associated with a variety of complication:
including stasis and bacterial overgrowth, diarrhea, malabsorption, intestinal pseudo-obstruction, gastrointestinal bleeding, diverticulitis, and, rarely, free perforation with peritonitis.
- The current treatment of choice for perforated jejunal diverticula causing generalized peritonitis is prompt laparotomy with segmental intestinal resection and primary anastomosis.

Postop. course

- 3 days of iv antibiotics and iv fluids
- On POD 2 liquid diet, on POD 4 normal diet
- Discharged on POD 6
- Recovery uneventful

Thank you