Diverticulitis of the Jejunum, an Uncommon Diagnosis

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A 50-year-old woman presented with a 24-hour history of increasing pain in the left lower quadrant of the abdomen with fever (38.2°C) and general discomfort. She had a medical history of obesity, an abdominoplasty and asthma for which she used combivent. Physical examination revealed tenderness of the lower left quadrant, guarding of the rectus and oblique muscles with rebound tenderness.

Infection parameters in the blood showed a leukocyte count of 11,400 g/l and C-reactive protein of 141 mg/l. The computer tomography (CT) scan showed a process originating from the small bowel (fig. 1). A median laparotomy was performed and 4 diverticula close to each other at the mesenterial side of the proximal jejunum were identified, varying from 1 to 5 cm. One of these diverticula was obviously inflamed and extended into the mesentery (fig. 2). The diverticula of the jejunum including the inflamed diverticulum were removed with an

en-bloc resection, and an end-to-end anastomosis was performed.

The patient had an uneventful recovery, except for a late wound infection. She was discharged after 5 days.

Fig. 1. CT scan showing enlarged wall of the small bowel, with possible perforation of a diverticulum (arrow). A Meckel's diverticulum or ectopic tissue such as endometriosis or even a malignancy could not be excluded at this point.

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Fig. 2. In situ view of diverticulitis of the jejunum with perforation into the omentum and abscess formation.

Fig. 3. Macroscopic appearance of the resected specimen shows inflammation and perforation of a true diverticulum of the jejunum.

Histopathologic evaluation of the resected specimen revealed diverticulitis with acute inflammation, abscess formation and acute fibrinous peritonitis (fig. 3).

Diverticulitis of the jejunum is an uncommon and difficult diagnosis with potentially serious complica-

tions, best diagnosed by CT scan [1, 2]. Even though some advocate conservative treatment with antibiotics, in cases with extended inflammation, such as described, surgical treatment is considered the best and safest choice [3–5].

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