



# REVISTA DE GASTROENTEROLOGÍA DE MÉXICO

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## CLINICAL IMAGE IN GASTROENTEROLOGY

### Regarding a case of perforated jejunal diverticulitis<sup>☆</sup>

### Diverticulitis yeyunal perforada, a propósito de un caso

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An 88-year-old woman sought medical attention for mesogastric pain of 2-day progression associated with vomiting and fever. Physical examination revealed pain upon palpation with guarding and positive decompression. Laboratory test results showed leukocytosis and neutrophilia. An abdominal computed tomography scan identified jejunal diverticula, inflammatory changes in the mesentery, and pneumoperitoneum (Fig. 1). A midline laparotomy was performed, revealing multiple diverticula in the proximal jejunum, 40 cm from the ligament of Treitz, one of which was perforated at the antimesenteric edge (Fig. 2). The compromised area was resected with a mechanical latero-lateral anastomosis. The patient's postoperative period was favorable, and she was released on day 8. The histopathologic report stated perforated jejunal diverticulitis. Unlike colonic diverticular disease, small bowel diverticulitis is a rare pathology. Its incidence is approximately 1% and 70% of the cases are asymptomatic. Urgent surgical intervention is

usually required in 10–20% of the patients. The inflammatory process can be primary, secondary to the action of a foreign body, or due to blunt abdominal trauma. Treatment consists of resection of the area of the affected intestine and anastomosis.

#### Ethical disclosures

**Protection of human and animal subjects.** The authors declare that no experiments were performed on humans or animals for this study.

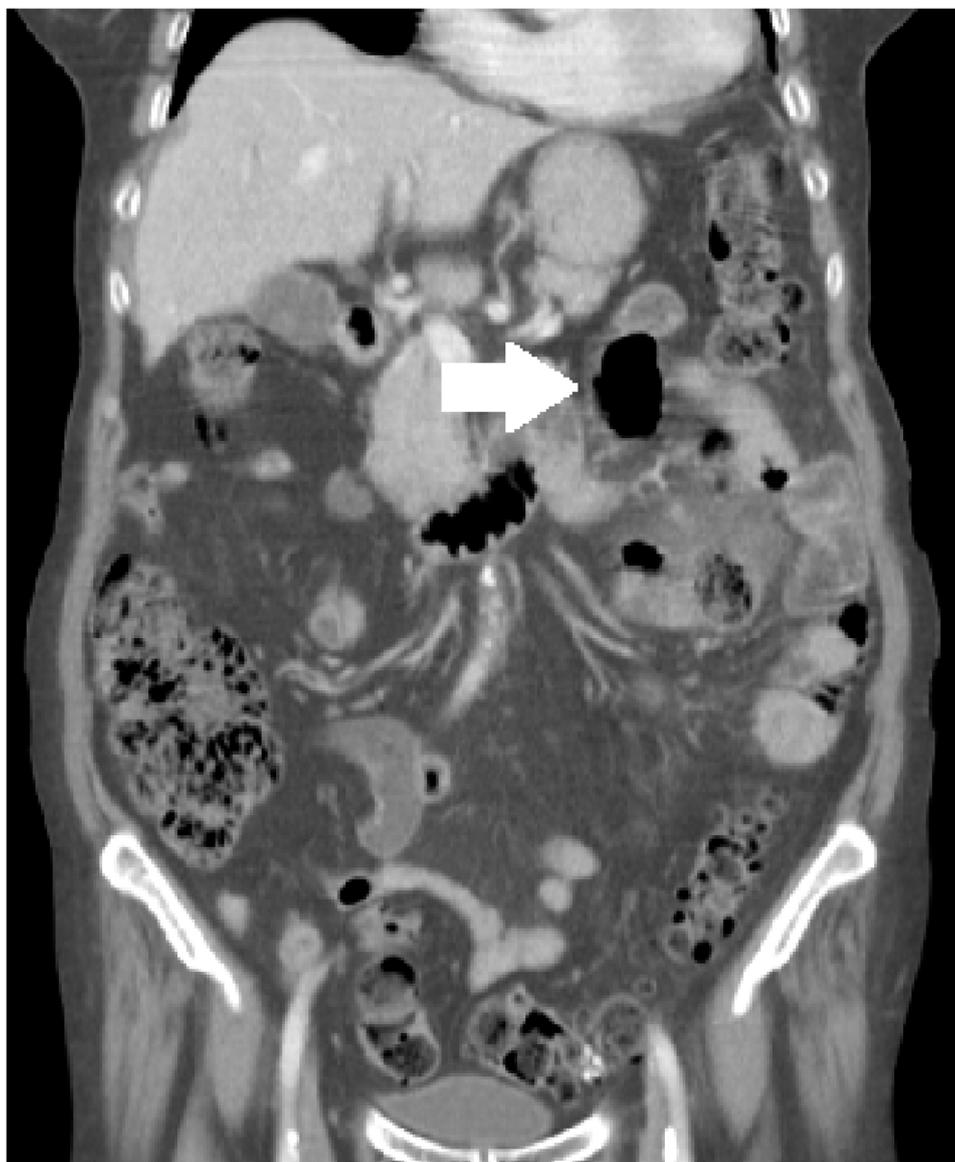
**Confidentiality of data.** The authors declare that they have followed the protocols of their work center on the publication of patient data, with absolute patient anonymity.

**Right to privacy and informed consent.** The authors have obtained the written informed consent of the patients or subjects mentioned in the article. The corresponding author is in possession of this document.

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**Figure 1** At physical examination there was pain upon palpation, with guarding and positive decompression. Laboratory test results revealed leukocytosis and neutrophilia. The abdominal computed tomography scan revealed jejunal diverticula, inflammatory changes in the mesentery, and pneumoperitoneum.



**Figure 2** Midline laparotomy was performed, identifying multiple diverticula in the proximal jejunum, 40 cm from the ligament of Treitz, one of which was perforated at the antimesenteric edge.

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#### **Conflict of interest**

The authors declare that there is no conflict of interest.