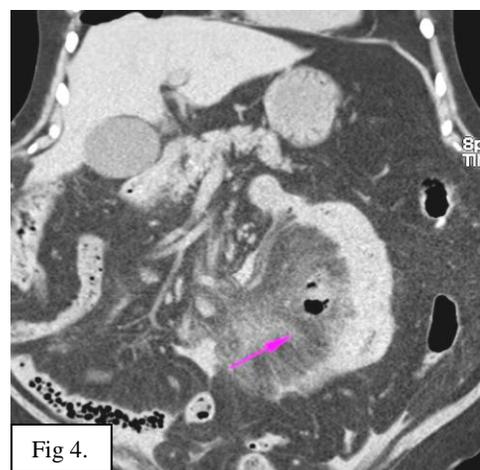
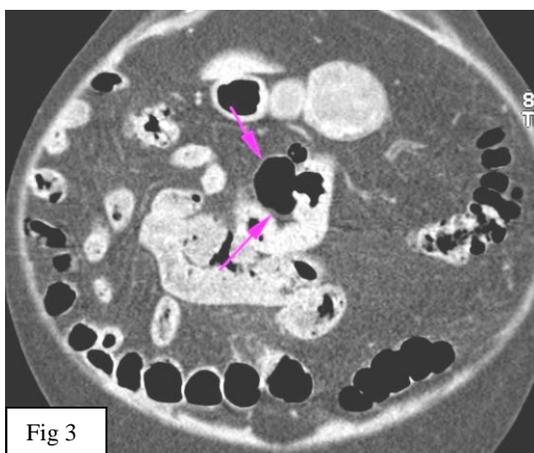
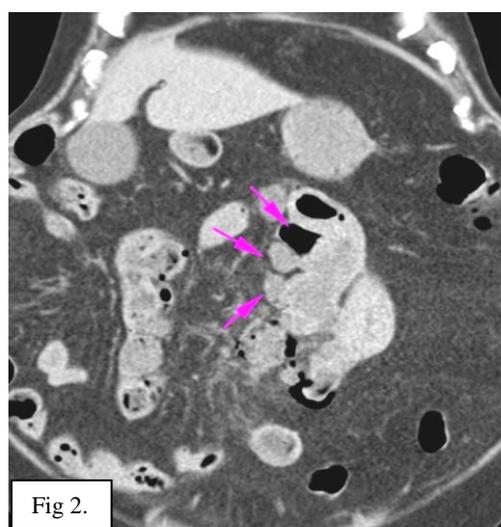
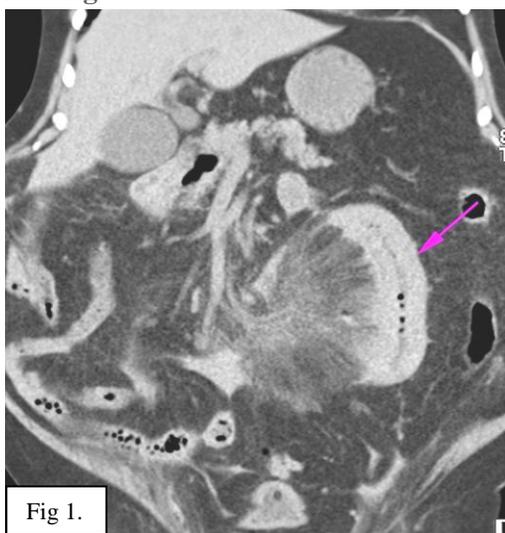


Jejunal diverticulitis- A rare entity

Clinical History: A 67 year old male presented with history of pain in abdomen and left lumbar region for 2 days. There was history of mild fever and loose motions.

Findings:



- A segment of mild mural thickening noted in the proximal jejunal loop, measuring approximately 17cm in length (Fig 1).
- Extensive soft tissue stranding of the mesenteric fat noted around this thickened segment (Fig 4).
- Multiple outpouchings seen arising from the walls of the jejunal loops (Fig 2, 3).
- No dilatation of bowel loops or air-fluid levels. No evidence of extra-luminal free air in abdomen. Minimal free fluid noted in the abdomen.



Diagnosis: Jejunal Diverticulitis.

Discussion:

Jejunal diverticulosis is characterized by herniation of mucosa through sites of weakening on the mesenteric border of the jejunum, resulting in the development of a variable number of discrete outpouchings from the bowel.

Because it is an acquired condition, jejunal diverticulosis is more common in older patients; 80–90% of affected individuals are more than 40 years old. Stasis within the diverticula causes bacterial overgrowth with resulting diarrhea and malabsorption in up to 10% of patients. In fact, jejunal diverticulosis should routinely be considered a possible cause in all patients with unexplained diarrhea.

Jejunal diverticula have characteristic findings on CT, appearing as discrete round or ovoid, contrast or fluid or air-containing structures outside the expected lumen of the small bowel, with a smooth, barely discernible wall and no recognizable small-bowel folds. Not infrequently, these structures are seen to communicate directly with an adjoining small-bowel loop, a feature best recognized by scrolling the images. Acute inflammatory change will be seen as soft tissue stranding of the adjacent mesenteric fat.

Jejunal diverticulosis is important because it is associated with a variety of complications, including stasis and bacterial overgrowth, diarrhoea, malabsorption, intestinal pseudo-obstruction, gastrointestinal bleeding, diverticulitis, and, rarely, free perforation with peritonitis.

The diagnosis of jejunal diverticulosis therefore has major implications for the management of symptomatic patients with this condition. Because of rarity of the entity, diagnosis is often delayed, resulting in unnecessary morbidity and mortality.

Conclusion: The imaging findings at MD-CT scan may allow a specific diagnosis of jejunal diverticulitis to be considered and may affect the clinical management of the patient.

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N.B: This case is authentic and from the archives of Radiance Diagnostics. For any queries/suggestions/feedback write to us at radiance@radiancediagnostics.in. Case of the month can also be accessed anytime online at **VIEW BOX** at www.radiancediagnostics.in