

World Congress on
SURGEONS
November 22-23, 2018 Bucharest, Romania

Jejunal diverticular perforation-An unfamiliar cause of acute abdomen

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Jejunal diverticula are uncommon entities which usually come to light incidentally via imaging or laparotomies performed for alternative indications. We present an unusual case of jejunal diverticulitis presenting as acute abdomen secondary to spontaneous perforation. A 69 year old Caucasian gentleman presented with one day history of acute onset left upper quadrant pain, fever and had localized peritonitis, on examination with marginal leukocytosis and neutrophil on bloods. Abdominal computerized tomographic scan was suspicious for a localized jejunal perforation. Emergency laparoscopy confirmed a perforated jejunal diverticulum with a mesenteric abscess. Immediate laparotomy for partial resection of jejunum was performed with jejunojejunostomy. Patient made excellent post-operative recovery and was discharged six days post-surgery. Histology revealed perforated diverticular abscess with acute fecal peritonitis. This case highlights the need for considering jejunal diverticulitis as a differential diagnosis of left upper quadrant pain. Jejunoileal diverticula can be rarely associated with potentially serious complications like mesenteric abscess, perforation, obstruction and hemorrhage. Cases reported so far occurred over the age of 70 and uncomplicated presentations settled with conservative management. In a multicenter study of 33 patients with jejunoileal diverticulitis, 24% of patients required emergency laparotomy. Overall post-operative recovery was uneventful and was associated with a short duration of hospital stay. Diagnostic laparoscopy may play a role when radiographic findings are unreliable and may be a therapeutic option in non-perforated jejunal diverticulitis that does not require bowel resection.

Biography

Seelamanthula V has completed his Graduation from Kathmandu Medical College, Nepal. He has his experience in General and Pediatric surgery and General surgery in India. He has also experience in Vascular Surgery and HPB surgery and Emergency Medicine, UK. He has obtained Membership from the Royal College of Surgeons; Edinburgh MRCS. He is currently working as Registrar in General Surgery, Australia.

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