

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

Small-bowel diverticulosis presenting as intestinal obstruction: Case report and literature review

Sidahmed Teffahi

University of Algiers, Algeria

Jejunal diverticulosis is rare and often asymptomatic, but may present as an acute abdomen. Bowel obstruction, perforation and peritonitis may be the first clinical manifestation of this disease, posing a diagnostic challenge. We describe a case of a 61 year old patient with no past surgical history who presented with one day history of diffuse abdominal pain, abdominal distension and vomiting. A Computed Tomography (CT) scan showed intestinal obstruction with no obvious underlying pathology. The patient underwent an emergency exploratory laparotomy, which revealed a significant distension of the jejunum with several large diverticula measuring between 2 and 4 centimetres. These were associated with multiple adhesion bands but no evidence of ischemia in the proximal jejunum. Resection of the adhesions was performed. The patient was discharged after 3 days and had uneventful 3-month follow up. This case report illustrates the unusual presentation of jejunal diverticulosis. The clinical findings are often non-specific, which may result in late diagnosis with potential complications. The pathophysiology is unclear, however the current hypothesis is the high intraluminal pressure and intestinal dyskinesia. In our case, small-bowel diverticulosis presented as intestinal obstruction due to adhesions. Surgery carries the risks of perforating the diverticula and exacerbating the intestinal adhesions. Therefore a wait and see approach coupled with a proper interpretation of abdominal CT scan should be considered. Surgical intervention should be reserved for definitive treatment of patients presenting with intractable abdominal pain or for those with bleeding, perforation or mechanical obstruction. In my conclusion, surgeons should have a low threshold for suspecting jejunal diverticulosis when the patient has no obvious cause for obstruction on imaging in order to form a timely diagnosis and appropriate management.

Biography

Sidahmed Teffahi is a 3rd year Medical Resident in General Surgery at the University of Algiers's. He is currently pursuing his Residency. He has completed his Residency subspeciality in Orthopedic Surgery and Traumatology, Pediatric Surgery, Thoracic Surgery, Urology and Plastic Surgery at the Teaching Hospital Mustapha Pacha in Algiers.

sidahmed.teffahi@gmail.com

Notes: