DUODENAL DIVERTICULOSIS PRESENTING WITH OBSTRUCTION

Jack W Sample, BS[1]; Ahmad J Bosaily, MD[1]; Samer Alharthi, MD[1]; Albert W Tsang, MD[2]; Joseph J Sferra, MD, MBA[2]; [1]University of Toledo College of Medicine; [2]ProMedica Toledo Hospital and University of Toledo College of Medicine

Abstract ID: 110124
Session Name: Poster Session (Non CME)
Program Number: P411

Introduction

Duodenal diverticulosis is a common condition seen in approximately 20% of the population[1]. These abnormalities of the intestinal mucosa and submucosa are often discovered incidentally and are rarely symptomatic, with a small percentage requiring definitive treatment[2]. We present an unusual case of duodenal obstruction secondary to florid diverticulosis of the duodenum and proximal jejunum in a previously healthy male.

Case Report

A 48-year old male presented to the emergency department with a 6-day history of abdominal distension with nausea, vomiting, and abdominal pain. His medical history was unremarkable. Physical examination was significant for abdominal distension. Computed tomography of the abdomen and pelvis (**Figure 1**) and upper gastrointestinal fluoroscopy (**Figure 2**) demonstrated marked gastric distension and evidence of severe dilation of the duodenal bulb extending to the 4th part of the duodenum. Multiple irregular gas and fluid densities were noted throughout the duodenum and jejunum, suggesting extensive small intestine diverticula. Multiple irregular gas and fluid densities were noted throughout the duodenum and jejunum, suggesting extensive small intestine diverticula. He was admitted for management and a nasogastric tube was inserted for gastric decompression. The following day, endoscopic evaluation with esophagogastroduodenoscopy was performed (**Figure 3**). There was narrowing and tortuosity of the duodenum and the presence of multiple diverticula precluding passage of the scope. The following day, the patient tolerated a liquid diet and was discharged with outpatient follow-up to discuss management options.

Discussion

We present the unique case of a previously healthy male presenting with duodenal obstruction secondary to florid duodenal diverticulosis, possibly with associated diverticulitis. Our initial diagnosis included more common causes of obstruction including pancreatic head mass and peptic stricture. Imaging modalities demonstrated evidence of duodenal obstruction in the presence of a highly tortuous and narrowed duodenum and proximal jejunum. Because of the nature of his diverticulosis, we discussed with the patient surgical with gastrojejunal anastomosis vs non-surgical intervention. This patient elected to proceed with diet challenge. He tolerated diet well, so he was discharged home. In telemedicine follow-up the patient reported that he was asymptomatic and tolerating a regular diet. He refused further investigation.



Figure 1 – CT of abdomen and pelvis

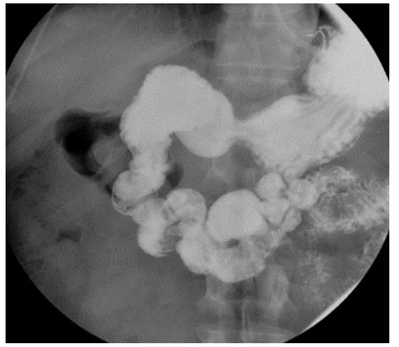


Figure 2 – Upper GI fluoroscopy



Figure 3 – Esophagogastroduodenoscopy

Conclusion

Gastrointestinal obstruction is a rare complication of duodenal diverticulosis[2]. Due to its low prevalence, there is no consensus regarding optimal management of duodenal obstruction secondary to florid duodenal diverticulosis. However, literature suggests surgical intervention may be indicated if complications are present[3]. The case reported herein suggests that nonoperative management may be successful.

References

1. Shuck JM, Stallion A. Duodenal diverticula. In: Holzheimer RG, Mannick JA, editors. Surgical Treatment: Evidence-Based and Problem-Oriented. Munich: Zuckschwerdt; 2001.
2. Mathis KL, Farley DR. Operative management of symptomatic duodenal diverticula. Am J Surg. 2007 Mar;193(3):305-8; discussion 308-9. doi: 10.1016/j.amjsurg.2006.09.024. PMID: 17320524.
3. Schnueriger B, Vorburger SA, Banz VM, Schoepfer AM, Candinas D. Diagnosis and management of the symptomatic duodenal diverticulum: a case series and a short review of the literature. J Gastrointest Surg. 2008 Sep;12(9):1571-6. doi: 10.1007/s11605-008-0549-0. Epub 2008 Jun 3. PMID: 18521693.