Laparoscopic Management of Perforated Jejunal Diverticulitis

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BACKGROUND

- Small bowel diverticulitis is an uncommon entity, effecting less than one percent of the population.
- Patients presenting with perforation from small bowel diverticulitis is extremely rare.
- Overall, complication rates are low, ranging from 5-10%.

CASE REPORT

- 64 year old Female with a 2 day history of left sided abdominal pain, nausea and diarrhea.
- ROS: significant for subjective fevers, abdominal pain and diarrhea.
- Patient was hemodynamically stable on arrival but febrile with Tmax of 101.6.
- PMH: GERD, UGI bleed secondary to NSAIDS, PSH: None
- PE: tender to palpation in the LLQ, but other benign.
- WBC 15, otherwise labs unremarkable
- CT scan revealed a short segment of mid jejunum with wall thickening, surrounding inflammation, fat stranding and a small foci of free air, suggesting a localized contained segment of perforations.

IMAGES

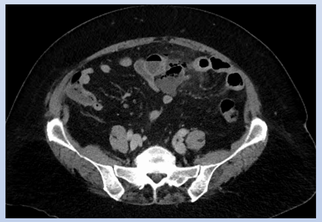


Image 1



Image 2

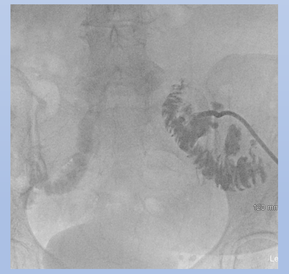


Image 3

Image 1:CT image showing a contained segment of perforated jejunal diverticulitis
Image 2: IR placement of a percutaneous drain into what was believed to be an abscess cavity
Image 3: IR images of contrast in the drain demonstrating a direct connection to the jejunum

HOSPITAL COURSE

- Patient was admitted, made NPO, IVF, broad spectrum antibiotics. Her pain resolved but her WBC continued to increase
- She underwent IR percutaneous drainage of the collection with 12cc of purulent fluid aspirated. However, the next hospital day, the drain appeared enteric and follow up images revealed a direct connection with the small intestine.
- The patient was taken to the operating room and using a completely laparoscopic approach, a large 5cm perforated diverticulum was identified. A segmental resection with a side to side functional end to end anastomosis was preformed.
- Post operatively, her diet was advanced and she was discharged home on POD 2 without any complications.

DISCUSSION

- Small bowel diverticulitis is a rare entity that can usually be treated successfully with conservative management.
- However, a small subset of patients will present with perforation and required surgical intervention.
- A minimally invasive approach to management of perforated small bowel diverticulitis is a safe and efficient treatment option.

REFERENCES

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