

PROXIMAL JEJUNAL PERFORATION FOLLOWING MINOR TRAUMA IN A PATIENT WITH JEJUNITIS SECONDARY TO SUSPECTED PEPTIC ULCER DISEASE

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INTRODUCTION

Acute peritonitis is a common surgical emergency caused by inflammation of the peritoneal lining from infectious or chemical insult.

Duodenal perforation is a well-recognized cause and is commonly associated with acid hypersecretion and *H. pylori* infection.

Jejunal perforation is rare and typically associated with trauma, iatrogenic injury, medications, or foreign body ingestion.

We present an unusual case of proximal jejunal perforation initially suspected to be duodenal in origin

IMAGING



Fig: Axial CT scan view of patient's abdominal cavity. Pneumoperitoneum visualized.

CASE PRESENTATION

Patient Presentation

90- year- old female presenting with sudden severe abdominal pain following a ground- level fall. Reported 20 days of weakness, melena, and decreased appetite prior to presentation.

Imaging Findings

CT-abdomen-and-pelvis-demonstrated: Pneumoperitoneum, Ascites, Thickening of the proximal small bowel. Findings were concerning for perforated viscus of gastric or duodenal origin.

Operative Findings

Patient developed peritonitis and underwent emergent exploratory laparotomy. Intraoperative findings revealed duodenitis and jejunitis. Jejunal perforation identified approximately 20 cm distal to the ligament of Treitz.

Management

Segmental resection of perforated jejunum performed
Initiation of high-intensity proton pump inhibitor therapy postoperatively.

Diagnostic Workup

Gastrin Level: Normal
H. pylori stool antigen: Negative

Outcome

Postoperative recovery without surgical complications
Improvement in gastrointestinal symptoms
Discharged to outpatient hospice on hospital day 20 tolerating regular diet.

DISCUSSION

Initial clinical and radiographic findings suggested duodenal perforation associated with peptic ulcer disease. However, **intraoperative evaluation** demonstrated proximal **jejunal perforation** with surrounding inflammation similar to that observed in the duodenum. Jejunitis related to peptic ulcer disease is rare, and perforation in this setting is even less frequently described. Given the patient's recent fall, minor trauma may have contributed to perforation near a relatively fixed point of bowel mobility such as the ligament of Treitz. **Conventional surgical management** resulted in successful treatment.

CONCLUSION

- Proximal jejunal perforation may clinically mimic duodenal perforation.
- Underlying inflammatory bowel pathology may predispose patients to perforation following minor trauma.
- Prompt surgical intervention remains essential for favorable outcomes.