



Extensive Diverticulosis of the Small Intestine

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An 81 year old woman had a 1 month history of vomiting and watery diarrhea. Her physical examination was unremarkable. Laboratory results showed leukocytosis (14,000 white blood cells/cm³), normocytic anemia (hemoglobin 11 mg/dl, mean corpuscular volume 95 fl), chloride 120 mEq/L, potassium 3.2 mEq/L, total cholesterol 39 mg/dl, albumin 2.4 g/dl and globulin 2.1 g/dl. Stool samples were negative for bacteria, ova and parasites. Gastroscopy, colonoscopy and abdominal computerized tomography were all unremarkable. Small bowel series [Figure] showed multiple large diverticula in the jejunum (indicated by asterisks). The patient was treated with antibiotics (ofloxacin, metronidazole) and vitamin supplementation, with complete resolution of her symptoms 1 month after her discharge.

Primary acquired jejuno-ileal diverticulosis is formed by herniation of mucosa and submucosa through the muscular layer of the bowel wall (false diverticula). Small bowel diverticula are rare, but their complications are not exceptional (6–13%), with a death rate that can reach 40% in older patients [1]. Small intestinal diverticulosis may be the underlying cause of vague chronic abdominal symptomatology or of malabsorption and anemia, as in our patient [2]. Acute complications include diverticulitis, perforation, acute bowel obstruction and intestinal hemorrhage, mostly massive [3].



Small bowel series showing multiple large diverticula (asterisks) in the jejunum of an 81 year old woman with malabsorption.



A finding of multiple diverticula of the small intestine, such as in our patient, should not be regarded as insignificant, but rather explains both chronic symptoms and acute complications.

References

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