



Case Report

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## Multiple Small Gut diverticula with ileal perforation: A case report

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### Abstract

Small bowel diverticulosis represents an uncommon pathology that is often misdiagnosed, since it causes non-specific gastrointestinal symptoms. It is defined by the existence of multiple diverticula, which are located most frequently in the jejunum. Acquired and congenital diverticula of the jejunum in the adult are unusual entity. These lesions are usually asymptomatic and may produce chronic symptoms. It is because of the rarity of the entity that they often produce a diagnostic as well as therapeutic dilemma resulting in unnecessary morbidity and mortality. This is a report on a case presented to emergency with features suggestive of perforation peritonitis with incidental finding of multiple small gut diverticula.

**Keywords:** scapula, glenoid cavity, morphology, shoulder arthroplasty.

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### Introduction

Diverticulosis of the small intestine is characterized by the presence of multiple diverticula. Of these, 80% are found in the jejunum, 15% in the ileum and 5% in both<sup>1</sup>. Jejunal diverticuli are a rare entity and occur in approximately 0.3%-1.3% of the world population<sup>2</sup>. Jejunal diverticulosis may be either congenital or acquired. Its incidence varies from

0.2 to 1.3% in autopsy studies and 2.3% in radiographic findings<sup>1</sup>. Small bowel motility disorders with increased intraluminal pressure are considered to be the main etiological factors for its development<sup>3</sup>. They are diagnostic as well as therapeutic challenge to surgeons throughout the world. Although it is often asymptomatic, it can lead to severe complications including perforation,

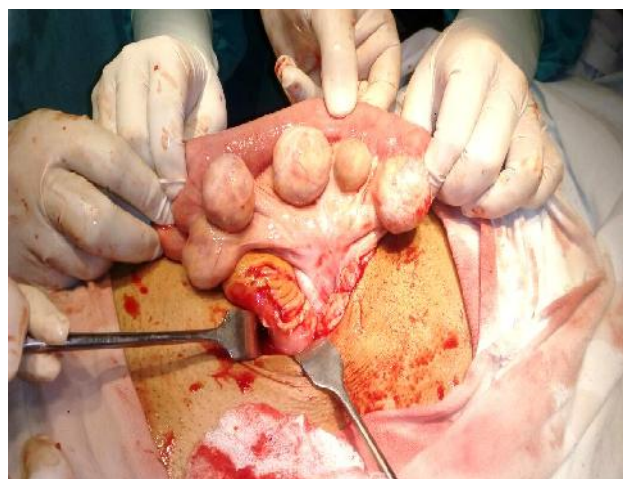
haemorrhage, enterolithformation, diverticulitis and intestinal obstruction<sup>4</sup>.

### Case Report

We report a case of multiple jejunoileal diverticula in a 60 year old male patient presenting with history of fever for 2 days and acute abdomen for 1 day. Clinical features were suggestive of perforation peritonitis. Patient was febrile and his physical examination revealed a distended abdomen, no palpable mass per abdomen and mild diffuse tenderness. Per rectal examination

was normal. Abnormal laboratory findings included elevated leukocyte count (14500 cells /cumm). X-ray showed air under diaphragham.

Exploratory laparotomy was done. Intraoperatively we noted the existence of multiple jejunal diverticula on mesenteric border with single ileal diverticula close to ileocaecal junction proximal to which a single ileal perforation was identified. The perforation was repaired with primary closure and peritoneal toilet was performed.



### Result

Post operative period was uneventful. On follow up after 1 month, patient remained symptom free.

### Discussion

Andreas Christ in 1932 reported a rare and unusual disease, namely, diverticulosis of the upper jejunum<sup>5</sup>. Jejunal diverticula are

characterized by the herniation of mucosa and submucosa through the muscular layer at the point where blood vessels penetrate the intestinal wall<sup>6</sup>. This explains their typical location at the mesenteric side of the bowel<sup>1</sup>. Diverticula are more frequently found in the jejunum (80%) than other parts of the small bowel due to the greater diameter of the penetrating jejunal arteries<sup>6</sup>.

Jejunal diverticula are usually multiple and tend to be larger and in large number in the proximal jejunum<sup>6</sup>. Small bowel diverticula were first described by Soemmering and Baillie<sup>7</sup>. The first instance of jejuna diverticulosis was reported by Sir Astley Cooper<sup>8</sup>. Complications such as obstruction, hemorrhage, diverticulitis and perforation occur in 10%-30% of the patients<sup>9</sup>.

### Conclusion

Lateral border of the scapula terminates superiorly at glenoid cavity (GC) which articulates with the head of the humerus to form gleno-humeral joint.<sup>1</sup> The articular surface of GC is pear shaped, with its inferior half being 20% larger than the superior half.<sup>2</sup>

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