

**Case** | (016) Jejunal Diverticulitis: A rare but important emergency  
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## **CASE PRESENTATION**

A 79-year-old woman was admitted to the emergency department with asthenia and diffuse abdominal discomfort of 15 days of evolution.

Physical examination showed pain in the left abdominal flank. In the blood analysis there was an increase in acute phase reactants and leukocytosis with neutrophilia.

Abdominal-pelvic CT is requested. It is identified a jejunal diverticulum that protrudes towards the mesenteric border and associates marked hyperechogenicity of the adjacent mesenteric fat.

The diagnosis of jejunal diverticulitis is suggested. Treatment with antibiotic therapy was decided and the patient evolved favorably.

## **DISCUSSION**

Jejunal diverticulosis is a rare entity. In most series, a prevalence of less than 4% is estimated. They are asymptomatic in up to 60% of cases.

However, in 30% there may be chronic nonspecific symptoms and in 10% manifest as an acute abdomen. In this last scenario, diverticulitis is usually the most common urgency.

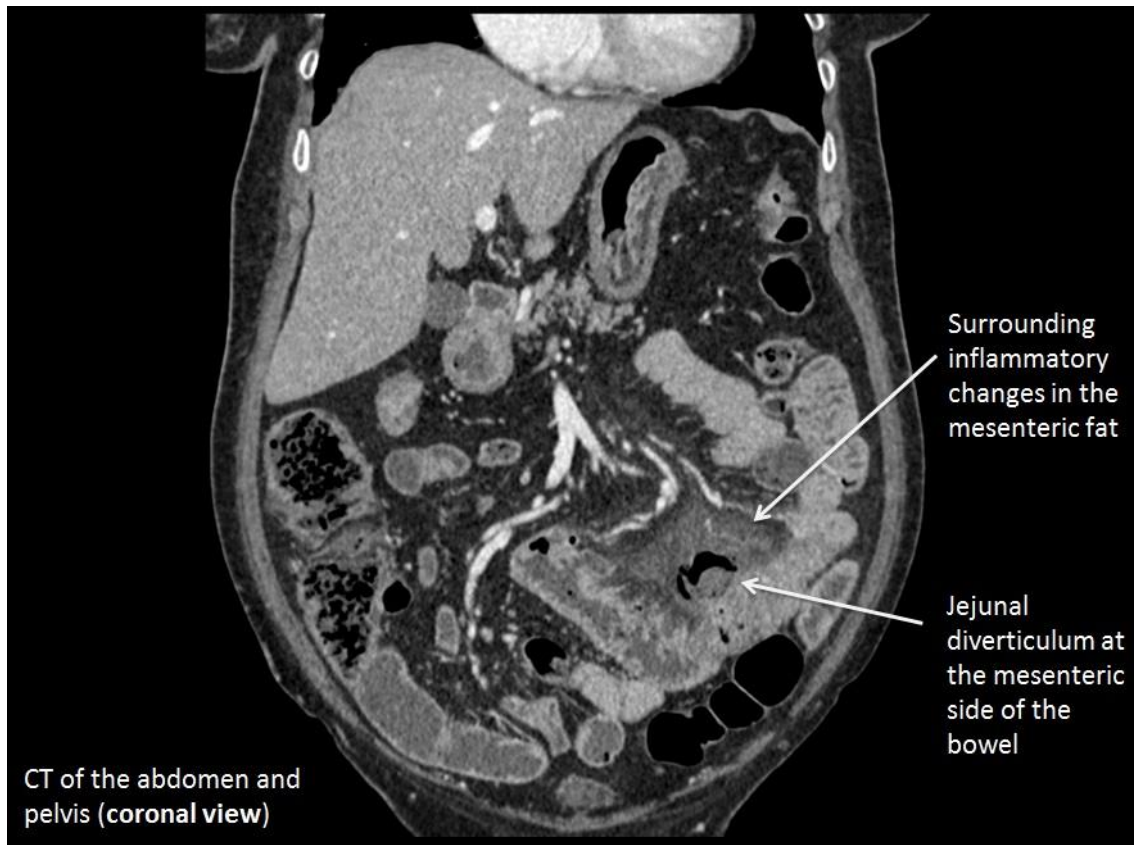
A diverticulum is usually observed in the mesenteric border of the proximal jejunum, which protrudes and associates inflammatory changes of the adjacent fat as in our case.

There may be perforation or abscesses in cases of greater severity. Medical treatment with antibiotics will be the first choice in mild cases. Segmental resection surgery may be indicated in case of perforation.

## **CONCLUSION**

Given its low frequency and nonspecific symptoms, jejunal diverticulitis is usually a pathology not suspected in the emergency department.

CT is useful to allow an early diagnosis, establish the most appropriate treatment and avoid potential complications such as perforation and intra-abdominal abscesses.



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