

Case	(240) Perforated duodenal diverticulum in the third portion
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CASE PRESENTATION

Perforation of duodenal diverticulitis located in the third portion is a rare cause of acute abdomen. It represents an unusual clinical picture and is difficult to diagnose, which leads to an increase in morbidity and mortality due to late diagnosis.

We present the case of a 84 years woman was admitted to the emergency department with abdominal pain and vomiting that had developed in about the last 3 days that required urgent surgery treatment. Small amount of retroperitoneal ectopic gas (caudal aspect of the pancreatic cell), adjacent to mural evagination in the third duodenal portion was identified.

DISCUSSION

The incidence of duodenal diverticula (DD) can be as 22%. But the location in third portion es a very rare identity there are few published cases. DD complications are extremely rare and include hemorrhage, inflammation, compression of surrounding organs, neoplastic progression, cholestasis and perforation.

The perforation is the most important complication but are often retroperitoneal, symptoms are nonspecific and rarely include peritoneal irritation, making clinical diagnose a challenge (1).

The conventional radiological examination and ultrasound are rarely informative. Abdominal CT, usually without any indication of a suspected complicated duodenal pathology, will provide the diagnosis. Their findings include mesenteric fat strading, thickened intestinal wall and extra-luminal retroperitoneal air. In our case, the correct diagnoses were made with the CT findings (2).

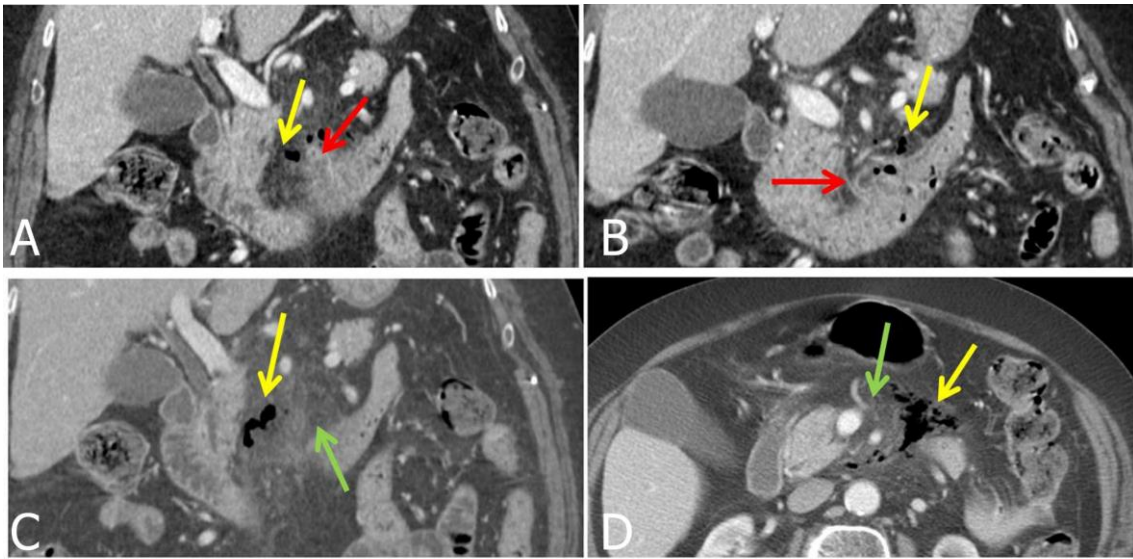
In summary, perforation of a duodenal diverticulum is an infrequent but important cause of acute disease and is unlikely to be diagnosed only with clinical findings. It may be due to perforation of the diverticulum with an enteric tube or endoscope, or it may occur spontaneously.

This can be a major cause of morbidity and mortality, especially if diagnosis and therapy are delayed.

The correct diagnosis can determine the morbidity mortality of this pathology.

CONCLUSION

Diverticulitis perforation of the third duodenal portion is an extremely rare finding that requires identification for timely treatment.



Coronal (Fig. 1-A-B- C) and axial (Fig. 1-D) contrast enhanced CT demonstrates ectopic gas (yellow arrow) and effacement of the regional fat (green arrow) adjacent to diverticulitis perforation (red arrow) in the third duodenal portion.

BIBLIOGRAPHY

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