



PERFORATED JEJUNAL DIVERTICULUM . LAPAROSCOPIC MANAGEMENT

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Introduction

Diverticulae can occur anywhere along the digestive tract, but are most common in the colon. The incidence of diverticulae in the small bowel ranges from 1.1% and 2.3% of total intestinal diverticulae. Asymptomatic in 60-70% of cases and cause symptoms or surgical complications in 10-19%. We present a patient with complicated jejunal diverticulum managed totally by laparoscopy.

Material and Methods

75 years old male with a history of colonic diverticulosis with diverticulitis episodes history by entering new episode of rectal bleeding. On the 4th day of admission, the patient presents abdominal pain of sudden onset associated with peritoneal irritation, suspecting complications of diverticular disease. On CT shows pneumoperitoneum secondary to transverse colon microperforation in the context of diverticular disease versus large jejunal diverticulum microperforation. The patient was placed in a supine position with the legs spread open in a 30° reverse Trendelenburg position. Exploratory laparoscopy is performed observing peritonitis secondary to a large perforated jejunal diverticulum, performing laparoscopic diverticulectomy using a linear stapler and abdominal cavity drainage.

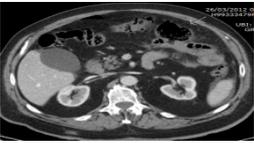


Figure. 1: CT



Figure. 2: Diverticulum Identification



Figure. 3: Perforation



Figure. 4: Diverticulum Dissection



Figure. 5: Dissection



Figure. 6: Dissection



Figure. 7: Section



Figure. 8: Section



Figure. 9: Specimen



Figure. 10: Peritonitis

Results

The patient had good postoperative recovery with drains removal on the 6th day after surgery and was discharged at seventh day. The histopathology report revealed a jejunal diverticulum perforation in the wall.

Discussion / Conclusion

The value of laparoscopy in patients with acute abdomen is known since the 50s, but has been in the last decade when it has begun to be used in surgery as a diagnostic method, and in the majority of cases, also therapeutic. Most authors advocate economic intestinal resection in cases of perforated jejunal diverticulitis. In our case due to the large size of the diverticulum was feasible to implement diverticulum resection without intestinal resection.