中文題目：罕見空腸憩室出血小腸鏡治療案例報告

英文題目：Case report: a rare cause of gastrointestinal bleeding from jejunal diverticulum treated by enteroscopy

作　　者：沈群勝 [1], 許文鴻 [1], 吳宜珍 [1], 胡晃鳴 [1], 蘇育正 [1], 吳登強 [1,2*]

服務單位：高雄醫學大學附設醫院 胃腸內科 [1]，高雄市立大同醫院 內科 [2]

Introduction

Jejunal diverticula are rare and the condition remains mostly asymptomatic. Jejunal diverticulosis is often difficult to locate endoscopically and diagnosing jejunal diverticular bleeding remains problematic, with current imaging techniques continuing to be unreliable.[1] While jejunal diverticulosis can be identified by abdominal CT and barium follow-through studies, enteroclysis remains the investigation of choice. Although some reports demonstrate success with capsule endoscopy and double balloon endoscopy such investigations are of limited use in emergency settings. We presented a case of a 80-year-old male with gastrointestinal bleeding secondary to jejunal diverticular disease who was diagnosed with angiography and treated by enteroscopy of good post-intervention outcome.

Case Presentation

An 80-year-old man with diabetes mellitus and hypertension controlled by medication experienced a sudden onset of hematochezia twice and was then admitted under the impression of GI bleeding. The results of EGD and colonoscopy were negative. Because the patient was in hypovolemic shock with altered consciousness, emergent angiography was arranged for hemostasis after resuscitation. Angiography showed extravasation of contrast medium from the proximal jejunal artery, and the bleeder was embolized with Gelfoam pledgets. Initially, the patient's condition became stable. However, hematochezia recurred 1 week later. Abdominal CT showed multiple duodenal and jejunal diverticula, but extravasation of contrast medium was not observed from the CT image or from the second angiography. Oral side double balloon enteroscopy was performed to identify the bleeder before surgical intervention. As the enteroscope entered the jejunum, multiple diverticula of different sizes were seen, and a half-circumferential ulceration at the midjejunum (approximately 100 cm behind the pylorus) opposite several diverticula was observed. An ulcer associated with angiographic embolization was suspected, and we explored this area carefully. Within 1 diverticulum, a sentinel blood clot was found, and hemostasis with a hemoclip was performed. We also marked this area by tattooing with India ink. After enteroscopy, no bleeding episode occurred, and the patient was discharged 2 weeks later.

Discussion

Due to low incidence and unreliable diagnostic imaging in emergency situations, diagnosis of jejunal diverticular bleeding is challenging. This has major implications with regard to prompt and timely management, and can lead to significantly increased morbidity and mortality. However, despite investigations, the diagnosis may remain elusive and in patients with on-going bleeding, laparotomy and surgical resection is currently the treatment of choice.[2] Successful intervention with enteroscopy was not yet reported before to our knowledge. And further utilization of endoscopy intervention should be considered.

References

1. Lee BJ, Kumar P, Van den Bosch R. Jejunal diverticula: a rare cause of life-threatening gastrointestinal bleeding. Journal of Surgical Case Reports. 2015;2015(1):rju150. doi:10.1093/jscr/rju150.

2. Ferreira-Aparicio FE, Gutiérrez-Vega R, Gálvez-Molina Y, Ontiveros-Nevares P, Athie-Gútierrez C, Montalvo-Javé EE. Diverticular Disease of the Small Bowel. Case Reports in Gastroenterology. 2012;6(3):668-676. doi:10.1159/000343598.