Jejunal Diverticula: A Lesser Known Cause for Massive Lower GI Bleeding

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Introduction:

- Small bowel diverticula are rare. We describe a case of Jejunal diverticula that caused massive lower GI bleeding requiring surgical intervention

Case Report:

- A 77 year old male presented to our ER with sudden onset bright red blood per rectum
- The patient first noticed 2 days ago that his stool was dark red followed by red streaking on toilet paper. A few hours later he developed rectal urgency followed by another large bloody bowel movement along with associated diaphoresis, LLQ cramping and presyncope
- Past medical history included GERD, BPH, Hypertension and Polycythemia Vera
- He had never undergone an EGD and his last screening colonoscopy was normal 5 years ago
- Labwork revealed acute anemia with Hb of 7.7 g/dL (baseline 13) and 1 unit of RBCs was therefore transfused
- Emergent EGD and colonoscopy were performed and these were unremarkable apart from sigmoid diverticulosis
- The following day massive rectal bleeding recurred and this time a radionuclide bleeding scan was obtained which was positive for active bleeding in small bowel lumen at the LUQ
- Interventional Radiology did not feel the area was approachable for embolization
- 6 additional units of RBCs were given due to persistent bleeding
- General Surgery was called and the patient was taken to OR for exploratory laparotomy with small bowel resection
- Diffuse proximal Jejunal diverticulosis was found to be actively bleeding with blood traveling all the way to distal colon. 60cm of Jejunum was transected 30cm from the ligament of Treitz
- The patient had an unremarkable postoperative recovery with no further episodes of bleeding and stable Hemoglobin on serial CBCs

Discussion:

- Diverticulosis involving the small bowel, especially the Jejunum, is rare (1)
- These lesions have a higher incidence in the elderly (2) and are acquired as a result of increased intraluminal pressure
- They are incidental findings on imaging or surgical exploration and are thin and friable due to lack of muscularis layer (3). Concurrent colonic diverticulosis is common (4)
- Traditionally considered to be asymptomatic, Jejunal diverticula can uncommonly cause lower GI bleeding (5)
- Traditional endoscopy is unhelpful given the lack of accessibility of the small bowel. CT Angiography and Nuclear Medicine bleeding scans may be beneficial to localize bleeding
- Hemorrhage is usually brisk, requiring massive blood transfusion to maintain hemodynamics
- Unstable patients should undergo emergent laparotomy so that resection of the involved segment can be performed

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