B0660 - Duodenal Diverticulitis Mimicking Acute Pancreatitis

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Introduction

Duodenal diverticulum is a frequent and common asymptomatic incidental finding and is commonly located at the second part of the duodenum. However, complications have been reported such as inflammation of the diverticulum, hemorrhage and perforation. Its presentation can mimic arrays of abdominal pathologies. In our case, patient presented with epigastric pain similar to the presentation of acute pancreatitis.

Case Description

- A 52-year-old male with medical history of type 2 DM and hypertension presented with epigastric pain for two days duration. It was a sudden onset moderate progressive stabbing epigastric abdominal pain radiating to the back, associated with nausea, however patient denied vomiting, changes in bowel habits, fever, or chills.
- Upon arrival to the ED, his vital signs were within normal limits, his blood work demonstrated leukocytosis of 11.8 K/CMM, Hb 13.3 g/dL with MCV of 80 fL and CMP values were within normal limits. Blood cultures showed no evidence of microorganisms.
- US of the abdomen showed hepatic steatosis and hepatomegaly with no evidence of cholecystitis. CT abdomen and pelvis with contrast (Figure 1) had significant findings of inflammatory changes in the second portion of the duodenum in the setting of duodenal diverticulum.
- EGD (Figure 2) showed small erosion in the antrum and mild duodenitis with diverticular deformity. No ulcers or masses were noted.
- Patient was started on Flagyl IV 500mg every 8-hour interval and Ciprofloxacin IV 400mg every 24-hour interval and then the regimen was changed to Unasyn 3g every 6-hour interval. Patient's abdominal pain resolved after receiving 4 days of antibiotics.
- Prior to discharge, MRI of the abdomen (Figure 3) was ordered which showed duodenal diverticulitis that was regressing compared to prior CT study.

Figures

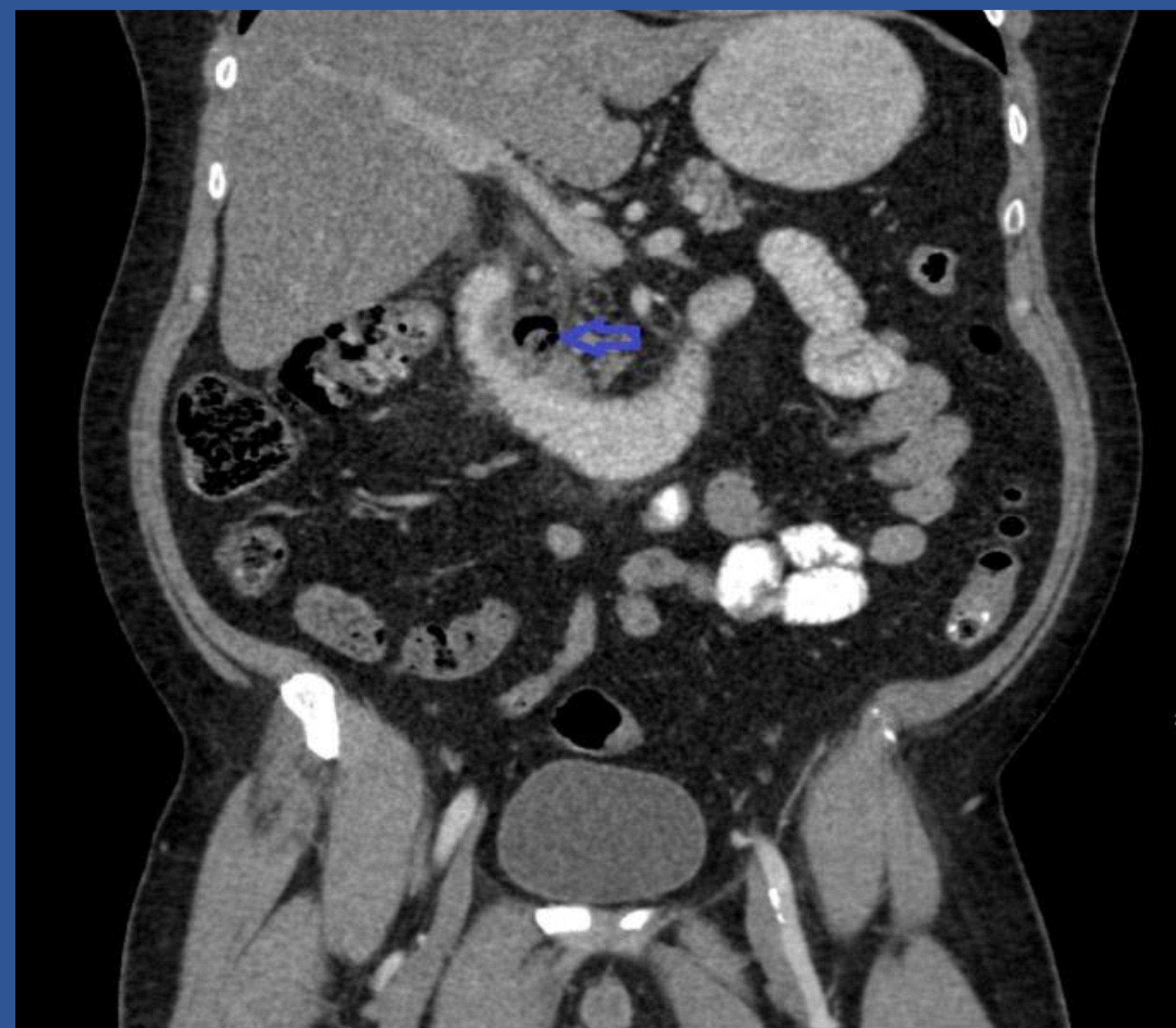

Figure 1. CT abdomen and pelvis showing Inflammatory changes within the second portion of the duodenum adjacent to a duodenal diverticulum.

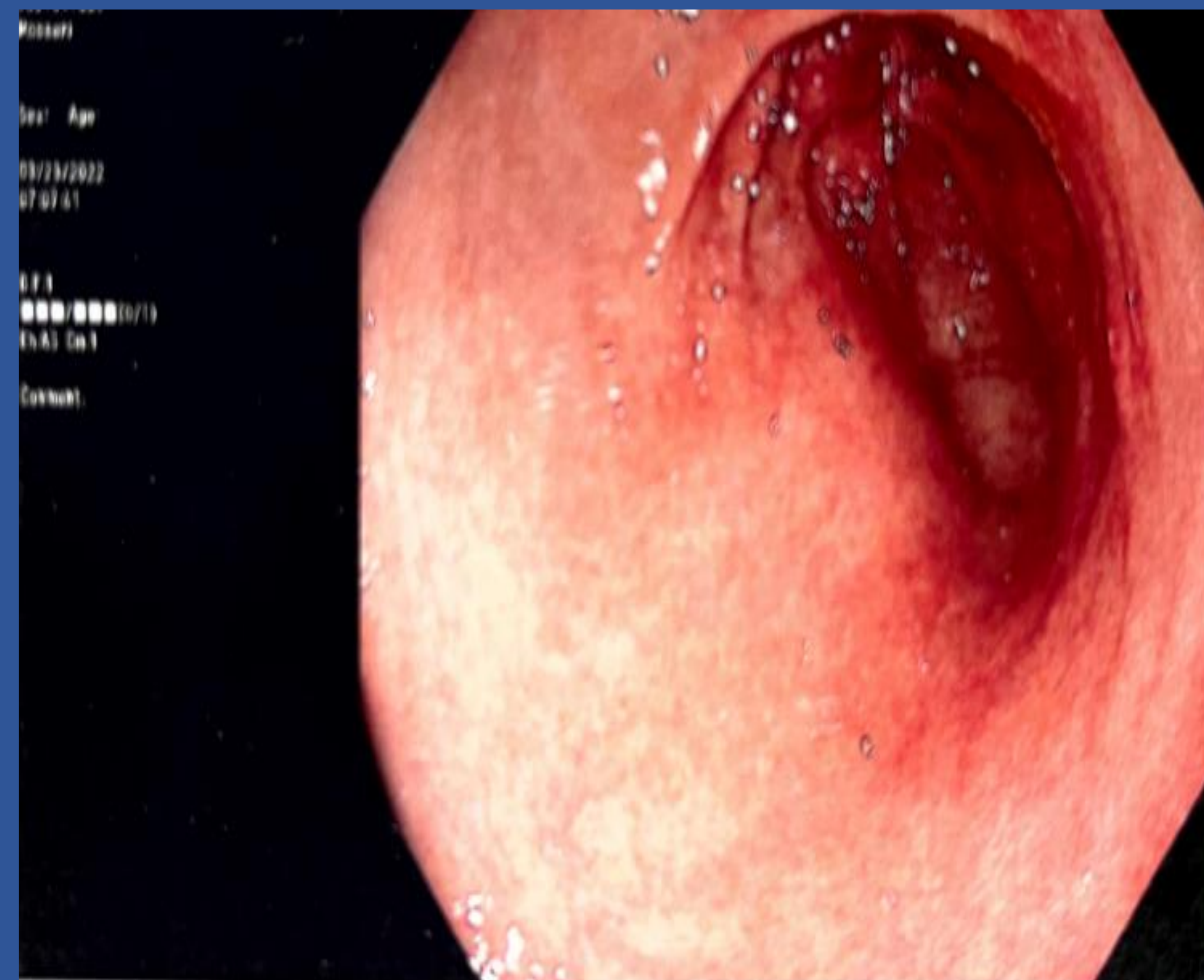

Figure 2. Duodenal diverticulum demonstrated during endoscopy.

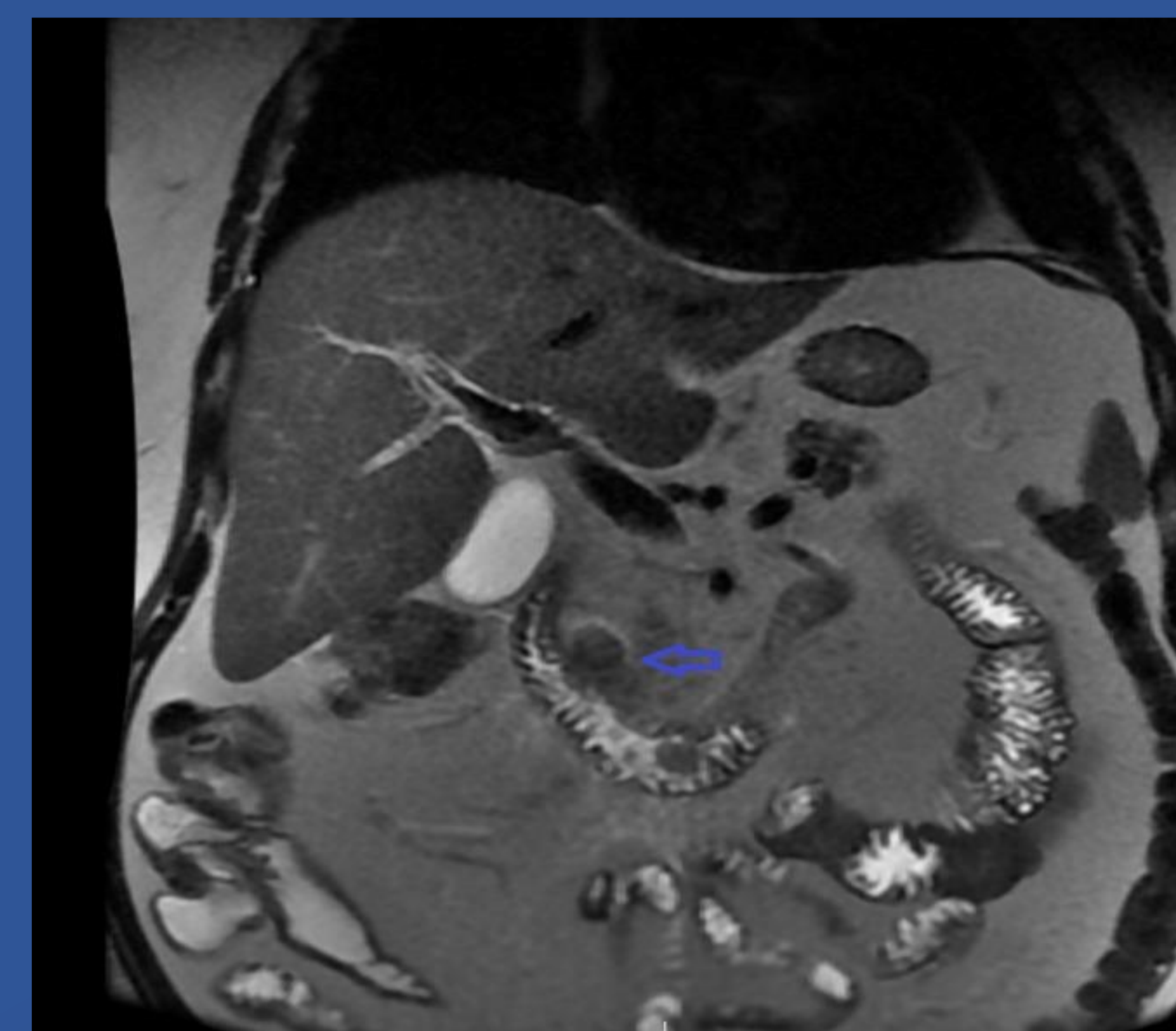

Figure 3. MRI of the abdomen showing significant inflammatory changes adjacent to the proximal duodenum.

Discussion

As presented in our case, duodenal diverticulitis can mimic acute pancreatitis in acuity and the characteristic of pain. It is a possible differential diagnosis in acute abdominal pain and is diagnosed with computed tomography showing inflammatory changes in duodenal diverticulum. Management of this condition medically with antibiotics covering gram negative microorganisms is sufficient as with our patient, however if complications like perforation occur, more aggressive interventions should be taken.