

Jejunal diverticulosis

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An 82-year-old female presented with melena. She had been on thrice-weekly conventional hemodialysis for 8 years. An esophagogastroduodenoscopy and colonoscopy revealed no bleeding source. A small bowel series revealed multiple round-shaped jejunal diverticula (Fig. 1) and balloon enteroscopy confirmed large diverticula in the jejunum (Fig. 2). Diverticular bleeding was clinically suspected despite the absence of bleeding stigmata and she improved conservatively.

Symptomatic jejunal diverticular diseases including bleeding and diverticulitis are extremely rare. Recently, balloon enteroscopy has been established as a safe and effective modality to detect and treat jejunal diverticular bleeding. When a bleeding diverticulum is identified, bleeding can be managed with endoscopic clipping or injection therapy. Angiography is also useful for the diagnosis and treatment. In cases of failure of endoscopic and angiograph-

ic management, surgical intervention should be considered.

Informed consent was obtained.

Conflict of interest

No potential conflict of interest relevant to this article was reported.



Figure 1. A small bowel series showing jejunal diverticulosis.

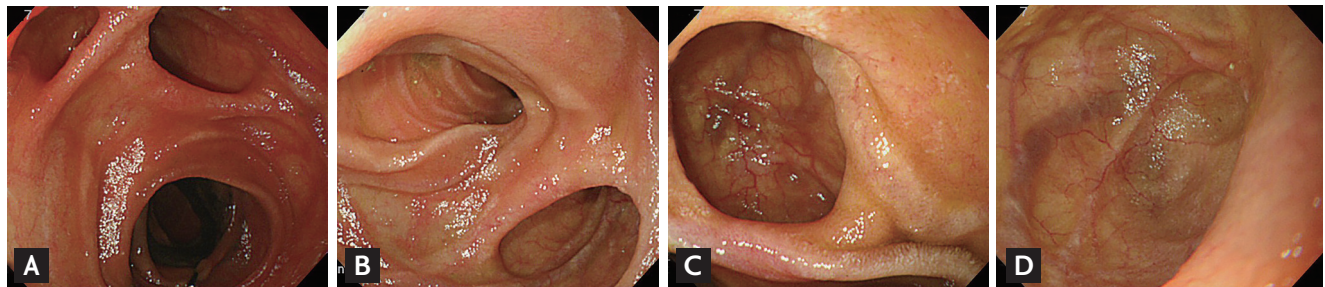


Figure 2. (A) Balloon enteroscopy revealing large diverticula in the jejunum. (B) The intestinal lumen (the left side) had Kerckring folds. (C) The vessels were shown inside the diverticulum. (D) The closer observation revealed intramucosal bold vessels on the diverticular base.

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