

A Rare Cause of Lower Gastrointestinal Bleeding in a Woman: Jejunal Diverticula

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To the Editor

A 86-year-old female patient was admitted with melena. She suffered from atrial fibrillation and therefore was advised to take coumadin for thromboemboli prophylaxis. She was hospitalized for gastrointestinal bleeding for 20 days. She had three bleeding episodes during this time. Her first two bleeding episodes are self remitting in a couple of days after coumadin was discontinued. Esophagogastroduodenoscopy and colonoscopy were done twice but failed to detect the bleeding origin. Discharge was planned with restart of coumadin. Unfortunately, she had a third gastrointestinal bleeding the day before discharge. Her third bleeding episode was severe. Her serum hemoglobin level declined to 6.7 gr/dl and 4 units of erythrocyte were transfused. Her general condition was deteriorated due to worsened arrhythmia. Capsule endoscopy, Tc99 labelled erythrocyte scintigraphy and angiography could not be performed due to technical issues. Therefore, small bowel series was performed after patient was stabilized. Two diverticuli in duodenum and 3 diverticula in jejunum segments were demonstrated. Coumadin was discontinued and acetylsalicylic acid 100 mg was started. She is

under follow-up for a year and stable regarding to gastrointestinal and cardiac problems.

Small bowel diverticula are known mostly asymptomatic and autopsy studies report the incidence below 4.5% [1]. Gastrointestinal hemorrhage originating from small bowel diverticula is very rare [2]. Either persistent or recurrent GI hemorrhage without a cause detected on esophagogastrosocopy and colonoscopy is usually challenging in daily practice. Tc99 labelled erythrocyte scintigraphy or angiography can be used for detecting bleeding diverticuli. Herein, we underline the importance of small bowel series for small bowel diverticula. In conclusion, small bowel series should always be considered in whom gastrointestinal bleeding can not detect with both upper and lower digestion system endoscopy. Proper and timely diagnosis might be necessary and supportive measures can be enough in follow-up of those patients.

References

1. Kouraklis G, Mantas D, Glivanou A, Raftopoulos J (2001) Diverticular disease of the small bowel: report of 27 cases. *Int Surg* 86: 235-239.
2. Chiou EJ, Shyr YM, Su CH, Wu CW, Lui Y (2000) Diverticular disease of the small bowel. *Hepatogastroenterology* 47: 181-184.

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