

Enterolith Ileus from Jejunal Diverticulum Complicated by Intestinal Ischemia

J H McClenathan

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Abstract

Jejunal diverticular disease is an uncommon condition. These diverticula are thought to be acquired. They are usually multiple false diverticula and located on the mesenteric side of the bowel where vessels penetrate the bowel wall. Symptoms associated with diverticula include malabsorption, bleeding, inflammation or perforation. Enterolith formation and enterolith ileus may be the rarest complication of jejunal diverticula. Herein we report a patient who developed areas of intestinal ischemia associated with enterolith ileus.

CASE HISTORY:

A 70-year-old woman with history of treated breast cancer, diabetes and hypertension was admitted with a two-week history of diffuse abdominal pain. She did not have nausea or vomiting. She was afebrile with normal vital signs. She had generalized abdominal tenderness but no sign of peritonitis. Her admitting lab studies were normal. CT scan demonstrated extensive jejunal diverticulosis and jejunal thickening. (Figure 1) There was no pneumoperitoneum or fluid collection. Proximal small bowel dilatation was also seen. The patient was suspected of having jejunal diverticulitis and was admitted for antibiotics but did not improve over 24 hours. The following day an exploratory laparotomy was done. She was found to have extensive jejunal diverticulosis with a single markedly inflamed diverticulum. Her proximal small bowel was dilated above an obstructing enterolith. There was patchy full thickness necrosis of jejunum below the inflamed diverticulum but above the obstructing stone. (Figures 3,4) She quickly recovered after small bowel resection and was doing well when seen in clinic. Later review of CT imaging appears to demonstrate the enterolith. (Figure 2)

DISCUSSION:

Although jejunal diverticulosis is a rare condition, most patients with this condition are not symptomatic. Malabsorption, bleeding and diverticulitis are seen occasionally. Enterolith ileus associated with jejunal

diverticula is rare enough that most reports contain only one to three patients. Steenvoorde gathered only thirty-four reported cases in 2003. (1) Monchal's report in 2010 identified only 39 patients with enterolith ileus. (2) Ischemia associated with enterolith ileus and obstruction is only mentioned in one case. (1) A second patient with ischemia of the small bowel was reported by Chugay (4) The current case report illustrates a third patient with ischemia of the small bowel resulting from enterolith ileus. (1,4) Including our own case, we believe this brings the number of cases with jejunal enterolith ileus to 47 cases. (3-8) Our patient was treated with small bowel resection between an inflamed diverticulum and the obstructing enterolith.

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James H. McClenathan, MD