

PICTURES IN DIGESTIVE PATHOLOGY

Severe gastrointestinal bleeding associated to massive jejunal diverticulosis and Sintrom® treatment

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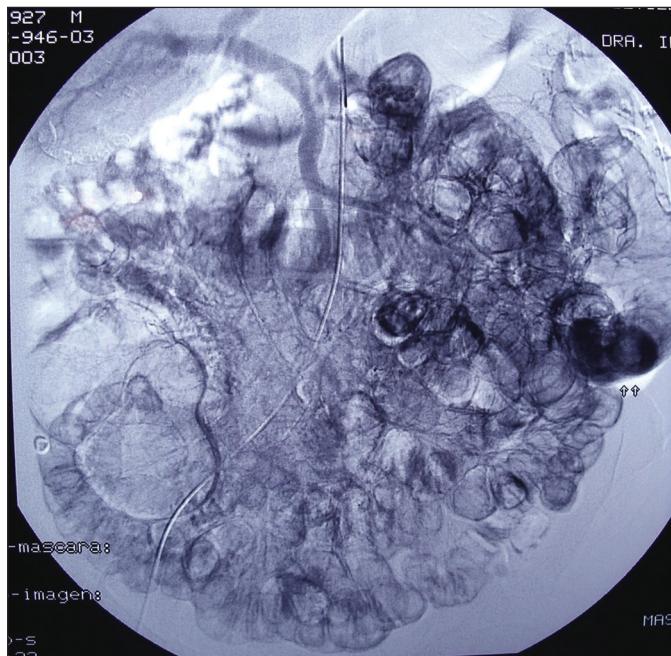


Fig. 1.- Urgent arteriography, which shows bleeding points in relation to the upper mesenteric artery.

Arteriografía urgente, que muestra punto sanguíneo dependiente de arteria mesentérica superior.



Fig. 2.- Massive diverticulosis of the jejunum-ileum.
Diverticulosis yeyunal masiva.

mission, her general state was poor, with pale skin and mucous membranes, and low blood pressure. A blood test revealed that hemoglobin was 5 g/l. A coagulation test revealed an International Normalized Ratio of 3. We proceeded to correct coagulation and to administer a blood transfusion; after hemodynamic stabilization, we performed an arteriography (Fig. 1), which showed bleeding points associated with the upper mesenteric artery. An urgently indicated operation was carried out, which revealed a massive diverticulosis of the jejunum-ileum without any other findings (Fig. 2). A resection of the involved part of the small bowel was performed with an end-to-end anastomosis. The patient died 24 hours afterwards in the critical care unit from multiple organ failure.

DISCUSSION

Diverticulosis of the jejunum-ileum is rare when compared to diverticular disease of the colon (1); it is a presumably acquired disease that is more frequent in elderly patients. Usually latent, these diverticulae are generally recognized during an urgent laparotomy for their complications. Small-bowel diverticulosis may be complicated by malabsorption due to bacterial overgrowth in excluded loops of small intestine, massive hemorrhage, diverticulitis, perforation, intestinal ob-

We report the case of a sixty-year-old female patient who was admitted to hospital with severe gastrointestinal bleeding originated in the lower part of the gastrointestinal tract associated with unconsciousness. She had a history of chronic atrial fibrillation under treatment with Sintrom®. On admission, her general state was poor, with pale skin and mucous membranes, and low blood pressure. A blood test revealed that hemoglobin was 5 g/l. A coagulation test revealed an International Normalized Ratio of 3. We proceeded to correct coagulation and to administer a blood transfusion; after hemodynamic stabilization, we performed an arteriography (Fig. 1), which showed bleeding points associated with the upper mesenteric artery. An urgently indicated operation was carried out, which revealed a massive diverticulosis of the jejunum-ileum without any other findings (Fig. 2). A resection of the involved part of the small bowel was performed with an end-to-end anastomosis. The patient died 24 hours afterwards in the critical care unit from multiple organ failure.

struction due to mechanical ileus caused by adhesions following diverticulitis, or small bowel obstruction secondary to an enterolith formed within a small bowel diverticulum (2,3). Treatment is considered only in case of a complication, and usually comprises a segmental resection of the small intestine portion involved (4).

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Hemorragia digestiva alta asociada a diverticulosis yeyunal masiva y sobredosificación de Sintrom®

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Paciente de 60 años de edad, con antecedentes de fibrilación auricular crónica, anticoagulada con Sintrom®, que acude a urgencias por cuadro de melenas y episodio sincopal asociado. A su ingreso, regular estado general con palidez mucocutánea y tendencia a la hipotensión. Hemograma con hemoglobina de 5 g/l. Estudio de coagulación con un INR (*International Normalized Ratio*) de 3. Se procede a corregir la coagulación y a transfundir sangre a la paciente. Tras la estabilización hemodinámica se practica arteriografía (Fig.1), evidenciándose varios puntos sangrantes dependientes de la arteria mesentérica superior. Se decide intervención quirúrgica urgente, que pone de manifiesto gran diverticulosis de delgado, a expensas de asas de yeyuno (Fig. 2). Se practica resección del segmento intestinal afectado, con anastomosis término-terminal. La paciente fallece a las 24 horas de su ingreso en la unidad de cuidados intensivos, por fracaso multiorgánico.

COMENTARIOS

La diverticulosis yeyunoileal es un hallazgo infrecuente (1), que predomina en edades avanzadas y se estima como adquirida. Suele cursar de forma asintomática hasta que se complica, siendo frecuente su diagnóstico en el curso de una laparotomía. Se describen como complicaciones un síndrome de malabsorción, con la fisiopatología de un asa ciega cuando son numerosos, la inflamación aguda, la hemorragia masiva, la obstrucción por adherencias tras diverticulitis y la retención de un cuerpo extraño con riesgo de perforación (2,3). Tan sólo se plantea su tratamiento quirúrgico en caso de complicación y consiste en la resección del segmento, casi siempre yeyunal, donde asientan los divertículos afectos (4).