Duodenal diverticula are usually asymptomatic, but complications such as cholestasis, inflammation, abscess formation, and perforation may occur, with clinically significant effects [1, 2]. In certain cases, endoscopic intervention may be chosen over surgery [3, 4]. However, the former is a complicated procedure requiring careful manipulation of the endoscope.

A 75-year-old man presented with a high temperature of 38.5 °C and pain in the right upper abdomen. Laboratory findings revealed notable inflammatory results, but with no elevation of liver enzymes or amylase level. A contrast-enhanced computed tomography (CT) scan showed a swollen juxtapapillary duodenal diverticulum containing air and fluid, and an increased concentration of surrounding fatty tissue (▶ Fig. 1). There was however no evidence of abscess formation or perforation. In spite of 2 days of fasting and the administration of broad-spectrum antibiotics, there was no clinical improvement, and resistance to conservative treatment was indicated in a subsequent endoscopic examination.

Side-viewing endoscopy revealed a juxtapapillary diverticulum impacted with food debris. Following disimpaction of the food debris using forceps, pus was discharged from the diverticulum (▶ Fig. 2a, b). Thereafter, an endoscopic cannula was inserted on the underside of the diverticulum and plenty of water was delivered. A large amount of cylindrical food debris was released from the diverticulum around the cannula (▶ Fig. 2c; ▶ Video 1). The endoscopic treatment was completed without placement of a drainage tube.

A subsequent diverticulogram revealed no residual food debris or perforation (▶ Fig. 2d). The patient’s clinical symptoms disappeared and laboratory findings returned to normal immediately after the procedure, which allowed early resumption of oral food intake. No fur-
other clinical signs of exacerbation were observed within 3 months of discharge. Placement of continuous drainage is considered unnecessary if the orifice is wide enough to allow the exodus of the content, unless abscess formation has been observed. In conclusion, endoscopic treatment may be a less complicated technique than surgical alternatives for treating duodenal diverticulitis, and it can be attempted before surgery in patients resistant to conservative treatment.

Competing interests

None

The authors

Taiki Aoyama1, Masanobu Yukutake1, Kenjiro Shigita2, Naoki Asayama1, Akira Fukumoto2, Shinichi Mukai3, Shinji Nagata4

1 Department of Gastroenterology, Hiroshima City Asa Citizens Hospital, Hiroshima, Japan
2 Department of Endoscopy, Hiroshima City Asa Citizens Hospital, Hiroshima, Japan

Corresponding author

Taiki Aoyama, MD, PhD
Department of Gastroenterology, Hiroshima City Asa Citizens Hospital, 2-1-1 Kabe-minami, Asakita-ku, Hiroshima 731-0293, Japan
Fax: +81-82-8141791
t-aoyama@asa-hosp.city.hiroshima.jp

References


ENDOSCOPY E-VIDEOS

https://eref.thieme.de/e-videos

Endoscopy E-Videos is a free access online section, reporting on interesting cases and new techniques in gastroenterological endoscopy. All papers include a high quality video and all contributions are freely accessible online.

This section has its own submission website at https://mc.manuscriptcentral.com/e-videos

DOI https://doi.org/10.1055/a-0641-4898
Published online: 3.7.2018
Endoscopy 2018; 50: E274–E275
© Georg Thieme Verlag KG
Stuttgart · New York
ISSN 0013-726X