

Surgical treatment a rare complication of duodenal diverticulum

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Most of the duodenal diverticula are diagnosed incidentally and asymptomatic, 12% to 27 % at endoscopy. Only 5% to 10% of patients with duodenal diverticula suffer from clinical symptoms. Furthermore, less than 1% of patients require treatment for various complications such as perforation, hemorrhage, and biliary/pancreatic/gastrointestinal obstruction. Various treatments and operations are considered for the rare complications of diverticulum, based on the symptoms or operative field findings.

Ho Jeong and his colleague from Korea presented a case of duodenal obstruction after successful selective transcatheter arterial embolization (TAE) for a duodenal diverticular hemorrhage. Their study will be published on August 14, 2009 in the *World Journal of Gastroenterology*.

In general, [angiography](#) and endoscopy are the most useful modalities for diagnosing and managing gastrointestinal bleeding. However, duodenal diverticular hemorrhage complicated by duodenal obstruction can happen after transcatheter arterial embolization by ischemic damage to the duodenum or fibrotic encasement of the duodenum.

Complications of peridiverticular and retroperitoneal fibrosis around the resolving hematoma could happen after successful TAE; therefore, the resolving hematoma should be thoroughly observed.

Conservative treatment should be considered before surgery to relieve the duodenal obstruction resulting from duodenal fibrotic encasement after duodenal diverticular hemorrhage. However, if surgery is

necessary, gastrointestinal diversion should be done instead of complete resection in cases with severe inflammation or tissue friability.

More information: Kwon YJ, Kim JH, Kim SH, Kim BS, Kim HU, Choi EK, Jeong IH. Duodenal obstruction after successful embolization for duodenal diverticular hemorrhage: A case report. World J Gastroenterol 2009 August;15(30):3819-3822;
www.wjgnet.com/1007-9327/15/3819.asp

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