Perivaterian duodenal diverticulum

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A 65-year-old male was admitted with recurrent episodes of postprandial abdominal pain and belching associated with fever, chills, and rigor of 2 years' duration. Physical examination revealed tenderness in the right hypochondrium. He had leukocytosis with mild elevation of alkaline phosphatase and transaminases. Serum amylase and lipase were elevated. Ultrasonogram showed evidence of acute pancreatitis with suspicion of a duodenal diverticulum. Contrast enhanced computed tomogram (CECT) confirmed an extraluminal diverticulum in the medial wall of the second part of the duodenum close to the papilla of Vater (Fig. 1). A side-viewing endoscopy confirmed the findings. Since the patient had recurrent episodes of cholangitis and pancreatitis, he underwent exclusion of the duodenal diverticulum in the form of Roux-en-Y choledochojejunostomy with duodenojejunostomy and has remained well since.

Duodenal diverticula are congenital or acquired. The acquired variety is more common, and in 56 % to 80 % of cases, it arises from the second portion of the duodenum, usually along its medial aspect [1]. Approximately 60 % to 75 % of these diverticula are within 2 cm of the papilla of Vater and are termed perivaterian or juxta papillary diverticula [1]. Only about 10 % of extraluminal diverticula are symptomatic, and of these, 1 % will need intervention [2].

Fig. 1 CECT axial section showing a diverticulum (arrows) in the medial wall of the second part of the duodenum very close to the ampulla of Vater (block arrow) and communicating with the bowel

References

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