

Endoscopic Treatment of Bleeding Ileal Pseudodiverticulum

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ABSTRACT

Objective: Jejunioleal bleeding is not common, with diverticular disease as the fourth common cause of bleeding. However, the diagnosis is sometimes challenging and easily overlooked.

Case presentation: This is a case of 71 years old lady presented with hematochezia. A bleeding ileal pseudodiverticulum was found and successfully controlled by endoscopic treatment.

Conclusion: Bleeding ileal pseudodiverticulum is an uncommon cause of lower gastrointestinal bleeding which can be treated endoscopically.

Keywords: Ileal pseudodiverticulum; lower gastrointestinal bleeding; endoscopic (Siriraj Med J 2018;70: 452-454)

INTRODUCTION

Diverticulum is the outpouching of mucosa of the hollow viscus organ, mostly in gastrointestinal tract. It is classified as, "true diverticulum", in which the outpouching sac is covered by the whole layer of gastrointestinal wall, and, "false or pseudodiverticulum", in which the outpouching sac is not covered by the whole layer. The latter is more common, and mostly encountered in the colon of elderly patients. Patient with diverticular disease usually are asymptomatic, might present with bleeding, infection or perforation.¹

Although bleeding colonic diverticulum is the most common causes of lower gastrointestinal bleeding,² bleeding from ileal diverticulum is uncommon and might easily be overlooked. We present an uncommon case of lower gastrointestinal bleeding, in which the endoscopic treatment was successfully performed.

CASE PRESENTATION

A 71 years old woman with underlying type 2 diabetes,

hypertension, and dyslipidemia receiving clopidogrel 75 mg once daily as a prophylaxis for cardiovascular event presented to the hospital with hematochezia. Her vital signs were normal and initial examinations revealed a low hemoglobin level of 9.6 mg/dl. Other laboratory examinations were remarkable. Emergency colonoscopy (PCF H190, Olympus Medical System, Tokyo, Japan) was performed after rapid colonic purge and a small diverticulum, 3 mm in size, located within 2 cm from the ileocecal valve was seen. Non-Meckel pseudodiverticulum was the most likely diagnosis due to the small size and the location just proximal to the ileocecal valve. Blood clot inside the diverticulum was removed (Fig 1A) and a visible vessel with blood oozing was seen (Fig 1B). Hemostatic clips (EZ clip HX-610-090L, Olympus Medical System, Tokyo, Japan) were applied across the mouth of the diverticulum and the bleeding stopped (Fig 1C). The patient did not experience any recurrent bleeding during several months of follow-up and her hemoglobin level has improved.

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