

Bleeding Duodenal Diverticulum

Duodenal diverticula are present in up to 20% of the adult population; the majority are asymptomatic. Haemorrhage from duodenal diverticula is well documented, and recent emphasis has been placed on endoscopic diagnosis of bleeding duodenal diverticula and attempts at endoscopic haemostasis (1–3). We report here on a patient with bleeding from a duodenal diverticulum in whom an adrenaline injection secured haemostasis.

A 61-year-old man was admitted with a one-week history of intermittent melaena. On examination, he was in no distress, and haemodynamically stable. His abdomen was soft, without any tenderness, and stools were black and positive for blood. Haemoglobin concentration was 11.8 g/dl. Upper gastrointestinal endoscopy revealed three diverticula in the duodenum, one of which was actively bleeding (Figure 1). No ulcer could be identified in the diverticulum sac. Six milliliters of 1:100 000 adrenaline was injected into and around the diverticular sac, and effective haemostasis was achieved (Figure 2). Six months after presentation, he remains well without further bleeding.

The majority of duodenal diverticula are asymptomatic, and are incidental findings. The incidence of complications is not known, but haemorrhage, perforation, and obstruction have been reported. Endoscopic diagnosis of bleeding from duodenal diverticula has been reported (1–3), and in one of these reports initial haemostasis was achieved with an adrenaline injection prior to surgery (3). This is the first report of successful haemostasis achieved by injection therapy.

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Figure 1: Active bleeding from a duodenal diverticulum.

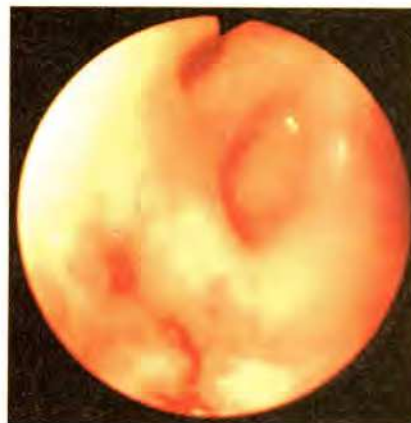


Figure 2: After adrenaline injection therapy.

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