Isolated diverticulitis of the terminal ileum: an unusual cause of abdominal pain

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DESCRIPTION

A 73-year-old man presented to the emergency department with a 3-day history of abdominal pain, constipation and low-grade fever following a sushi meal. He had no relevant medical history. His physical examination was remarkable for lower right quadrant abdominal pain associated with rebound tenderness. He was afebrile and his vital signs were in the normal range. Laboratory studies revealed mild leucocytosis (11.230/ μ L) and an elevated C reactive protein (17 mg/dL). He then underwent an abdominal CT showing marked thickening of the last ileal loop with densification of the mesenteric fat along with an image suggestive of a diverticulum (figure 1). There was no pneumoperitoneum. Treatment with bowel rest and broad-spectrum antibiotics was initiated, after which the patient's condition improved. After 1 week of antibiotic treatment, he was discharged.

For diagnosis clarification, he underwent an ileocolonoscopy that was unremarkable with the exception of an erythematous ileal diverticulum, supporting the diagnosis of ileal diverticulitis (figure 2).

Small bowel diverticula are uncommon, often asymptomatic and most often found in the duodenum.¹ Despite the rarity, they can be associated with a range of complications, such as small intestinal bacterial overgrowth, acute diverticulitis, gastrointestinal bleeding and small bowel obstruction.¹

The clinical presentation of ileal diverticulitis usually mimics acute appendicitis and small bowel Crohn's disease. However, in the absence of clearly depicted small bowel diverticula on imaging studies, ileal diverticulitis

Figure 1 Marked thickening of the last ileal loop with densification of the mesenteric fat along with an image suggestive of a diverticulum.

Figure 2 Erythematous ileal diverticulum in the terminal ileum.

cannot be readily distinguished from these conditions.^{1,2} Ileocolonoscopy can be helpful for narrowing the differential diagnosis.² Management of uncomplicated acute ileal diverticulitis is similar to colonic diverticulitis, with bowel rest and antibiotic treatment.² Surgical therapy is reserved for patients with frank perforation.

The key point for the diagnosis of ileal diverticulitis lies on high clinical suspicion and imaging studies due to its rarity and nonspecific presentation. Hence, gastroenterologists should be aware of this rare manifestation of small bowel diverticulosis in order to consider it in the differential diagnosis of abdominal pain.

Learning points

- ▶ Ileal diverticulitis is a rare and difficult to diagnose complication of small bowel diverticulosis.
- ▶ Management of ileal diverticulitis is usually conservative, including bowel rest and antibiotic therapy.
- ▶ Physicians should be aware of this rare manifestation of small bowel diverticulosis and should consider it in the differential diagnosis of abdominal pain.

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