antiviral therapy should be based on immune status of the patient, the dermatoine involved (e.g., ophthalmic zoster) and the likelihood of visceral dissemination. Conservative management can achieve complete resolution of symptoms.1

References

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Acute intestinal obstruction due to solitary jejunal diverticulum

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We report a 26-year-old man who presented with acute intestinal obstruction. Laparotomy revealed a solitary jejunal diverticulum with a meso-diverticular band, through which a loop of bowel had herniated. He underwent wedge resection of the diverticulum and excision of the band. [Indian J Gastroenterol 2002;21:204]

Key words: Meso-diverticular band

Symptomatic solitary jejunal diverticulum is rare. Intestinal obstruction is an uncommon complication.

Fig: (Left to right) Jejunal diverticulum, meso-diverticular band and herniated distal loop of jejunum and is usually due to volvulus. Herniation through a meso-diverticular band has not been reported.

A 26-year-old man presented with features suggestive of subacute intestinal obstruction for 2 days. Plain roentgenogram of the abdomen showed a few dilated loops of small bowel. After 24 hours of conservative management, there was no clinical deterioration but the abdominal girth had increased by 2 cm. Since repeat plain roentgenogram showed an unchanged picture, a decision was made to explore the abdomen.

At laparotomy, a solitary jejunal diverticulum was found on the anti-mesenteric border, about 50 cm from the duodenojejunal flexure. There was a meso-diverticular band, through which a distal loop of small bowel had herniated (Fig). The band was excised; the loop was released and found to be healthy. Wedge resection of the diverticulum was done. Histology was suggestive of pseudodiverticulum, with lack of the muscle coats. The postoperative period was uneventful, and the patient was discharged. He was asymptomatic 10 days later.

Jejunal diverticula are an incidental finding in about 1% of autopsies.1 Solitary diverticulum of the non-Meckel's variety is rare, and is usually seen at the mesenteric border (pulsion diverticulum) where the blood vessels penetrate.2 These patients present with chronic abdominal pain or malabsorption.3 The acute complications are usually perforative peritonitis or hemorrhage, and rarely intestinal obstruction.2 Obstruction due to volvulus has been reported.4 In our case, there was a meso-diverticular band, through which a distal loop had herniated.

References

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