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Chronic epigastric pain presenting in a case of duodenal diverticulum: A case report

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Bowel diverticulosis is present in >10% among patients in the 5th to 6th decades of life. Mostly are asymptomatic and >95% are found in the colon. The duodenum is the next common area predisposed to diverticula formation, which is existent in 1-5% of cases. Only a minority of such cases present with symptoms and would require surgical intervention. Our case is of an 81 year old female who presented with chronic bouts of epigastric pain for the past decade, with increasing recurrence three weeks prior to admission. Whole abdominal CT scan with contrast showed colonic diverticulitis and was treated as such. She was discharged accordingly. However, due to recurrence of aforementioned epigastric pain, she was re-admitted, and upper GI endoscopy revealed a duodenal diverticulum. She was medically cleared and underwent laparoscopic diverticulectomy via wedge resection using endoscopic GI staplers for the duodenal diverticulum, for which she tolerated well. Duodenal diverticula rarely present with symptoms and their mere presence is not an indication for surgery. However, if major complications present or if symptoms are refractory to medical management, surgical intervention can be considered, whether via open or laparoscopic technique. Laparoscopic technique has been exhibited to be a safe and feasible option for the surgical management of duodenal diverticula.

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