Jejunal diverticulosis: Presenting as iron deficiency anaemia

Dear Editor,

In accordance with a recently published article “Primary acquired jejunoileal diverticulitis: A rare presentation” IJS 2004;66:289-90, we agree with the author and like to add that the incidence of jejunal diverticulosis varies from 1.3 to 2.3% in various studies.[1] Most of the patients are above the age of 60 and remain asymptomatic or have vague abdominal symptoms and are treated as cases of non-ulcer dyspepsia. Some of them present with acute abdominal symptoms of haemorrhage, obstruction or perforation.[2] Many of these patients present with medical problems like constipation, diarrhoea and malabsorption syndrome to physicians and can be managed with medical treatment. Anaemia is not a common presentation. Occasional cases of Vitamin B12 malabsorption have been reported.[3]

In this regard, we would like to report a case of a 68-year-old male who presented to us with severe anaemia (Hb <5 gm/dl). His investigations suggested iron deficiency anaemia with decreased iron stores. Upper and lower gastrointestinal endoscopies were normal. Bone marrow examination revealed depleted iron stores. Barium study revealed multiple jejunal diverticulosis. A diagnosis of iron malabsorption due to jejunal diverticulosis was finally made. Patient was given a course of antibiotics and injectable iron. This was followed by oral iron therapy. Anaemia improved with this and the follow-up in the last two years was uneventful.

As there are no established guidelines for the management of patients presenting without symptoms or with mild to moderate symptoms, they are managed symptomatically. The low incidence of complications with diverticulosis does not warrant surgical treatment in all cases.

We fully agree with the Author that small bowel diverticulosis should be kept in the differential diagnosis of abdominal pain in all patients of more than 60 years of age so that they can be diagnosed early and complications can be prevented.

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REFERENCES