

# Nonmeckelian jejunal or ileal diverticulosis: An analysis of 112 cases

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**Background.** Incidentally found asymptomatic disease, chronic pain or malabsorption, emergent disease with complications are the three distinct modes of presentation of nonmeckelian jejunal or ileal diverticulosis (JID). We analyzed our experience with each of these three subsets of cases to determine both the role of operative intervention and an overall management strategy.

**Methods.** Retrospective analysis was done of 112 clinically diagnosed cases of nonmeckelian JID between 1975 and 1990.

**Results.** JID was an incidental finding in 47 patients (42%), and 82% of those who were followed up for a mean of 4.8 years remained asymptomatic. Forty-five patients (40%) had malabsorption or chronic pain, and only 46% of those who were followed up for a mean of 6.5 years were cured with conservative therapy. Of the 20 patients (18%) who had acute complications, 11 (10%) required operation, which was associated with minimal morbidity and one death. Ninety percent remained asymptomatic for a mean of 3.9 years.

**Conclusions.** Incidentally found JID is usually asymptomatic and should be observed. Resection for complicated JID is safe and effective. Although malabsorption or chronic pain should be treated medically initially, the significant incidence of failure warrants further study of the role of resection in this group. (*SURGERY* 1994;116:726-32.)

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JEJUNOILEAL DIVERTICULOSIS (JID) is an uncommon acquired disease with generally a benign course. Usually JID remains asymptomatic and is incidentally diagnosed but in some cases may produce symptoms that respond variably to antibiotic treatment. Surgical therapy has been traditionally reserved for the minority of the patients who have acute complications. No long-term follow-up has been reported for patients with JID, making treatment options rather empiric.

## PATIENTS AND METHODS

The records of all patients with a clinical diagnosis of JID at our institution between 1975 and 1990 were reviewed. Patients with Meckel's diverticulum and patients with duodenal diverticula as primary diagnoses were excluded. Patient demographics, symptoms and signs, associated conditions, laboratory data, radiographic studies and/or operative reports, and anatomic features were recorded in all patients. The results of the primary treatment and, when applicable, the secondary treatment were noted, as well as symptoms and signs in

follow-up. Follow-up was based on the last clinical evaluation in the patient's history or, when necessary, by telephone interview. Comparisons of proportions were made by chi-squared or Fisher's Exact Test. Differences in the distributions of continuous variables were assessed by the Wilcoxon rank-sum test.

## RESULTS

**Patient population.** A random sample of the 553,715 upper gastrointestinal (GI) series performed at our institution between January 1975 and December 1990 revealed that JID was identified in 0.26%. During the same period JID was recorded as a clinical diagnosis in 112 patients, who comprised the patient population in the present study. Sixty-five (58%) were men and 47 (42%) were women. Mean age was 66.2 years (range, 27 to 89 years). Ninety-seven patients (87%) were available for follow-up, which ranged from 0 to 16.3 years, with a mean of 5.3 years.

**Presentation.** In the majority of the patients (42%) JID was characterized as an incidental finding. The remaining 65 patients had chronic abdominal pain (51%), diarrhea (58%), and bloating (44%). Weight loss (24%) and vomiting (11%) were less common symptoms. The mean duration of symptoms before diagnosis was made was 22.5 months and ranged from 0 to 20 years. Associated conditions were Raynaud's phenomenon in four patients (4%), progressive systemic sclerosis in three

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