

THE CURIOUS INCIDENT OF A CLOG IN THE PIPELINE!

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BACKGROUND

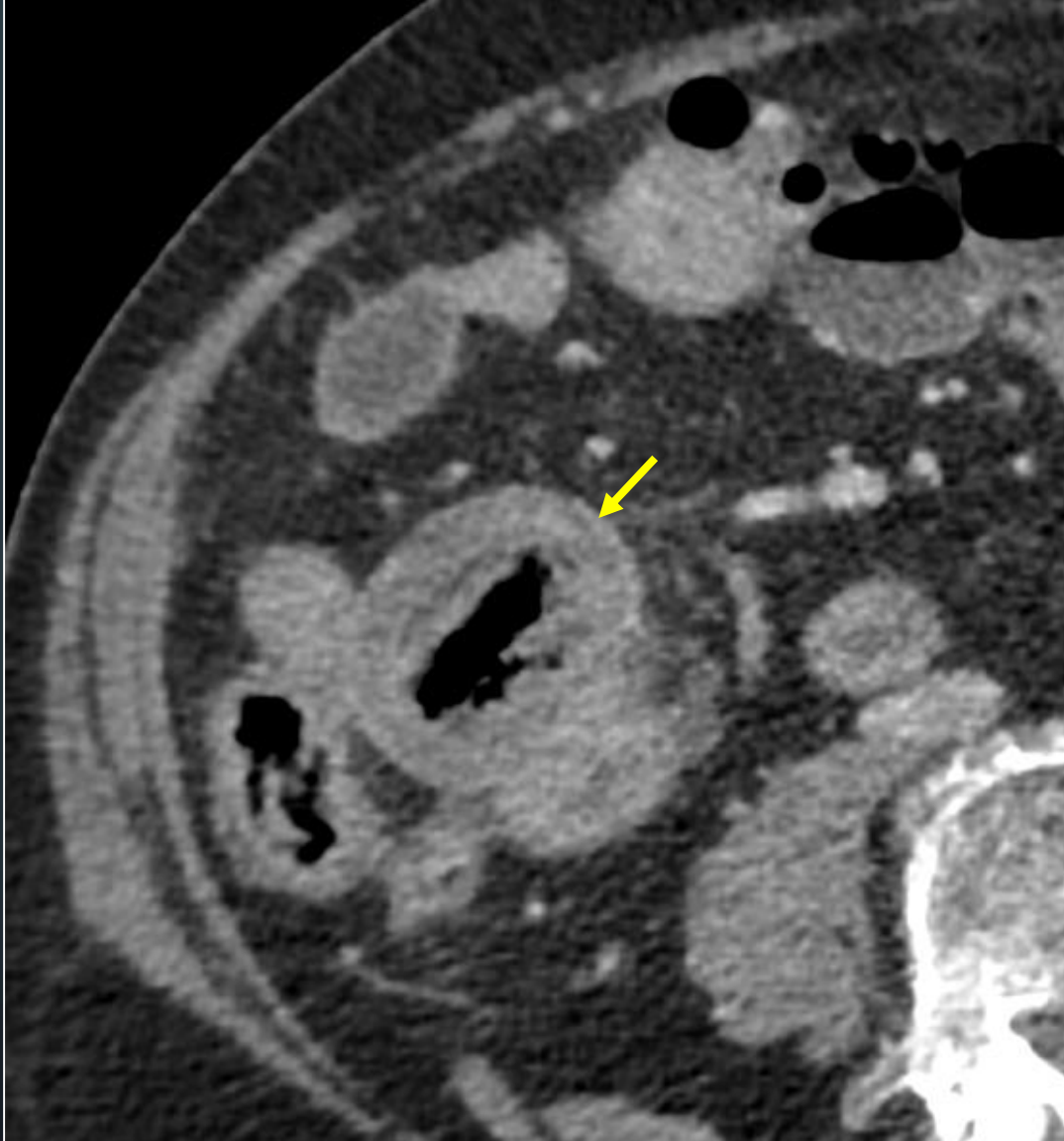
- An 87-year-old male presented to the emergency department with severe abdominal pain and vomiting
- There was generalised abdominal tenderness on examination and blood tests revealed mildly raised inflammatory markers
- Contrast-enhanced computed tomography (CT) of the abdomen and pelvis was requested to investigate for suspected bowel obstruction



CT RESULTS

- CT demonstrated multiple loops of dilated bowel within the upper abdomen in keeping with proximal small bowel obstruction
- There was a transition point involving a proximal ileal loop within the right side of the abdomen (arrow)

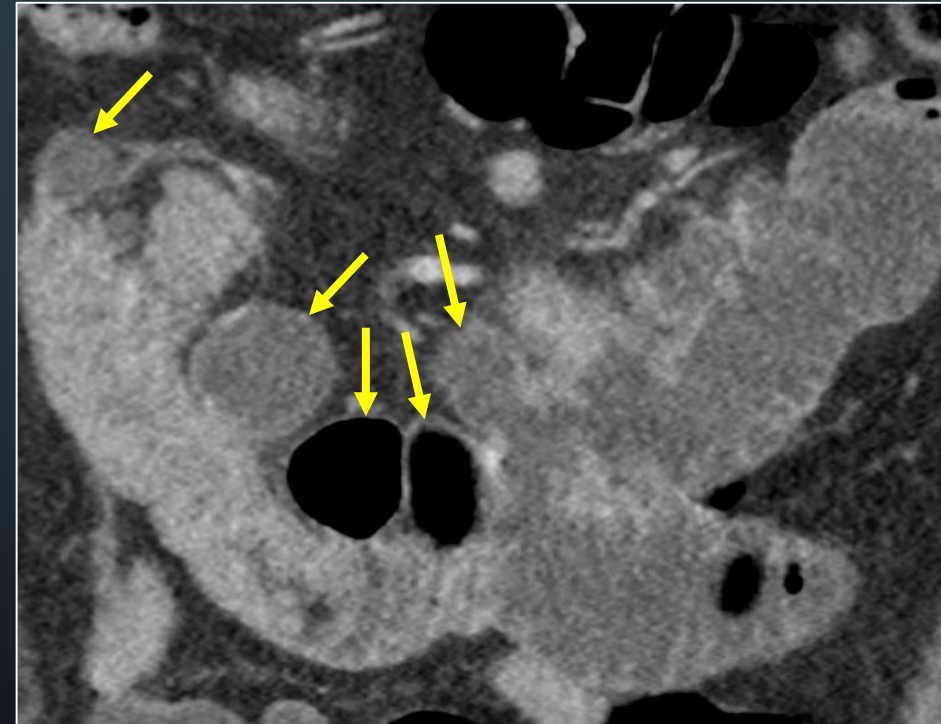
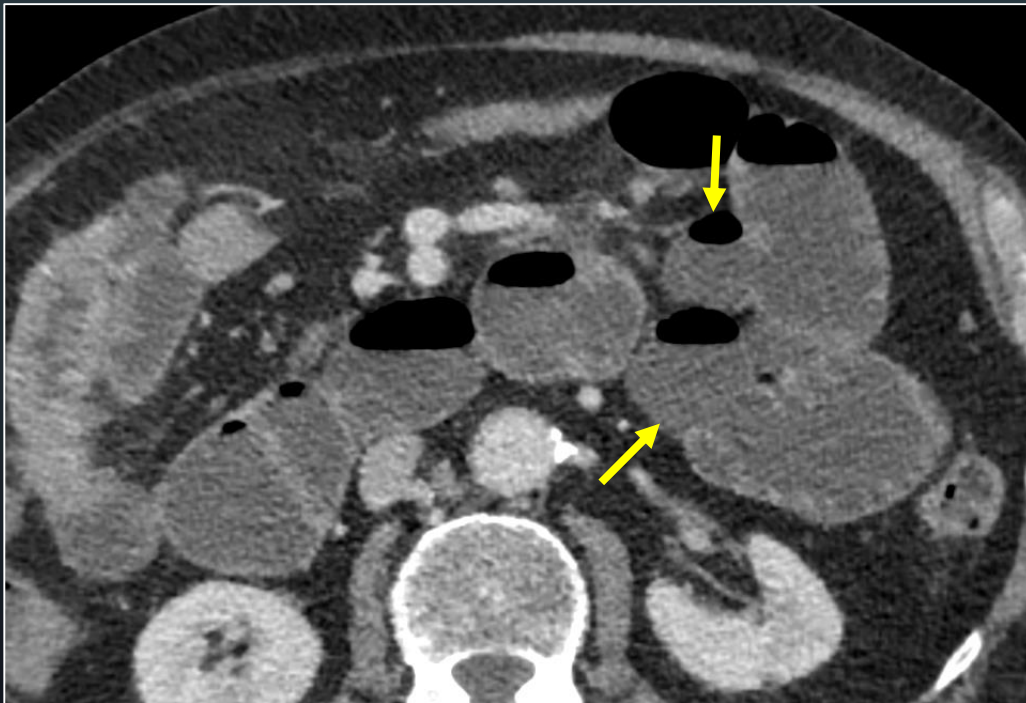




Axial and coronal CT images. Transition point on the right side of the abdomen at an apparent ovoid intraluminal structure visible particularly on the coronal image (arrows).

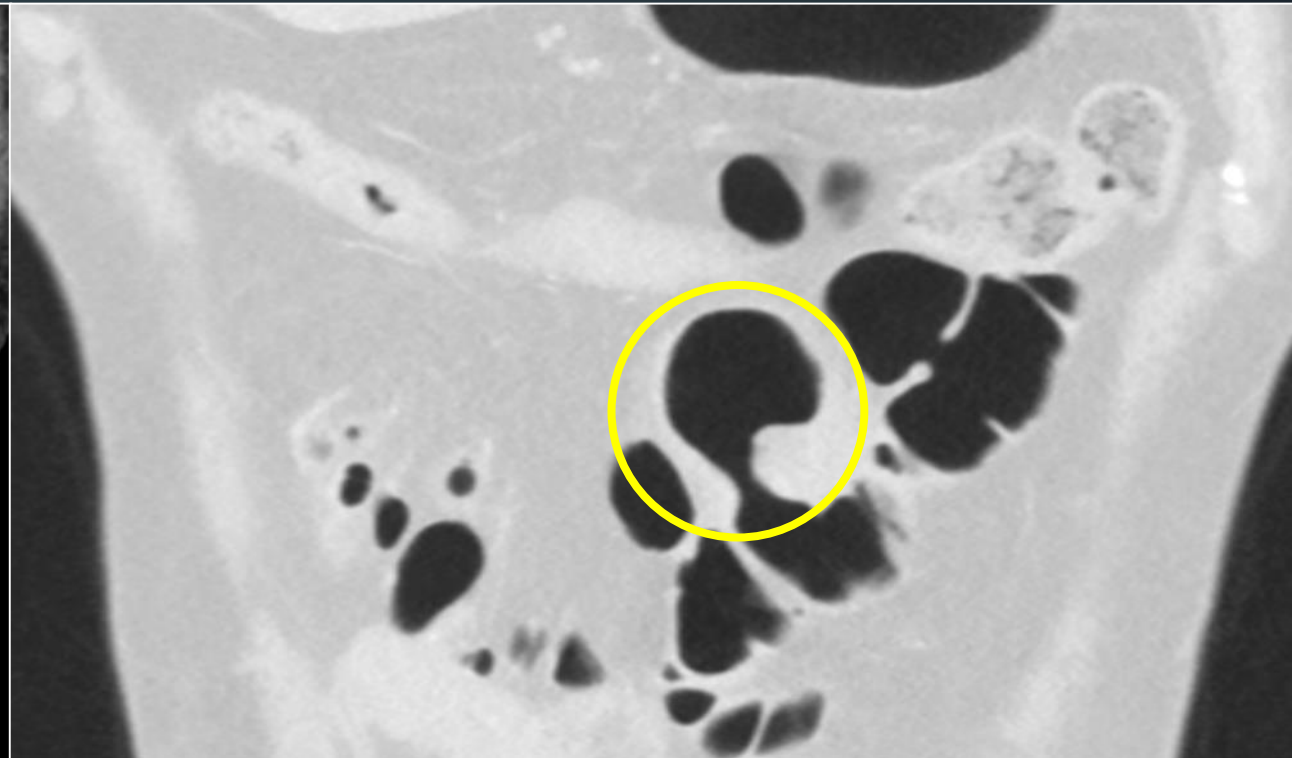
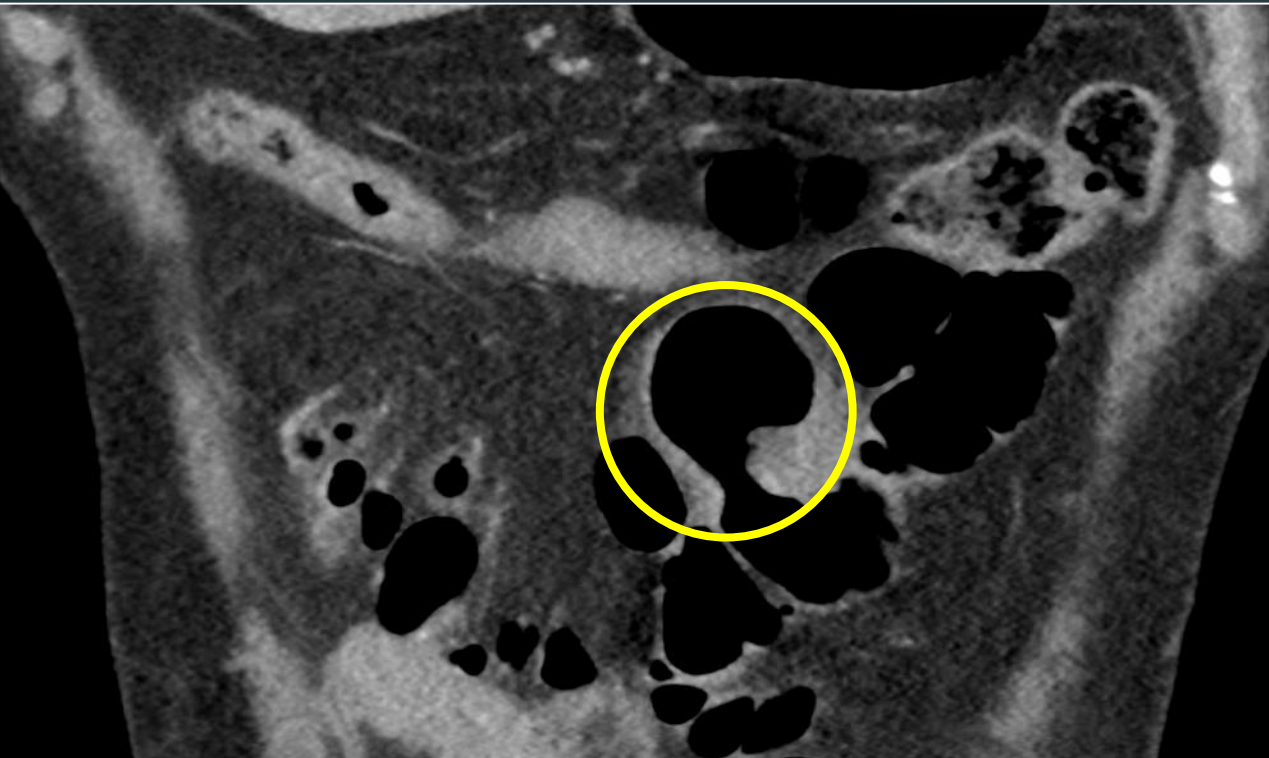
CT RESULTS

- In addition to the above finding, a review of the remainder of the small bowel demonstrated numerous large diverticula arising from the duodenum and jejunum (arrows)



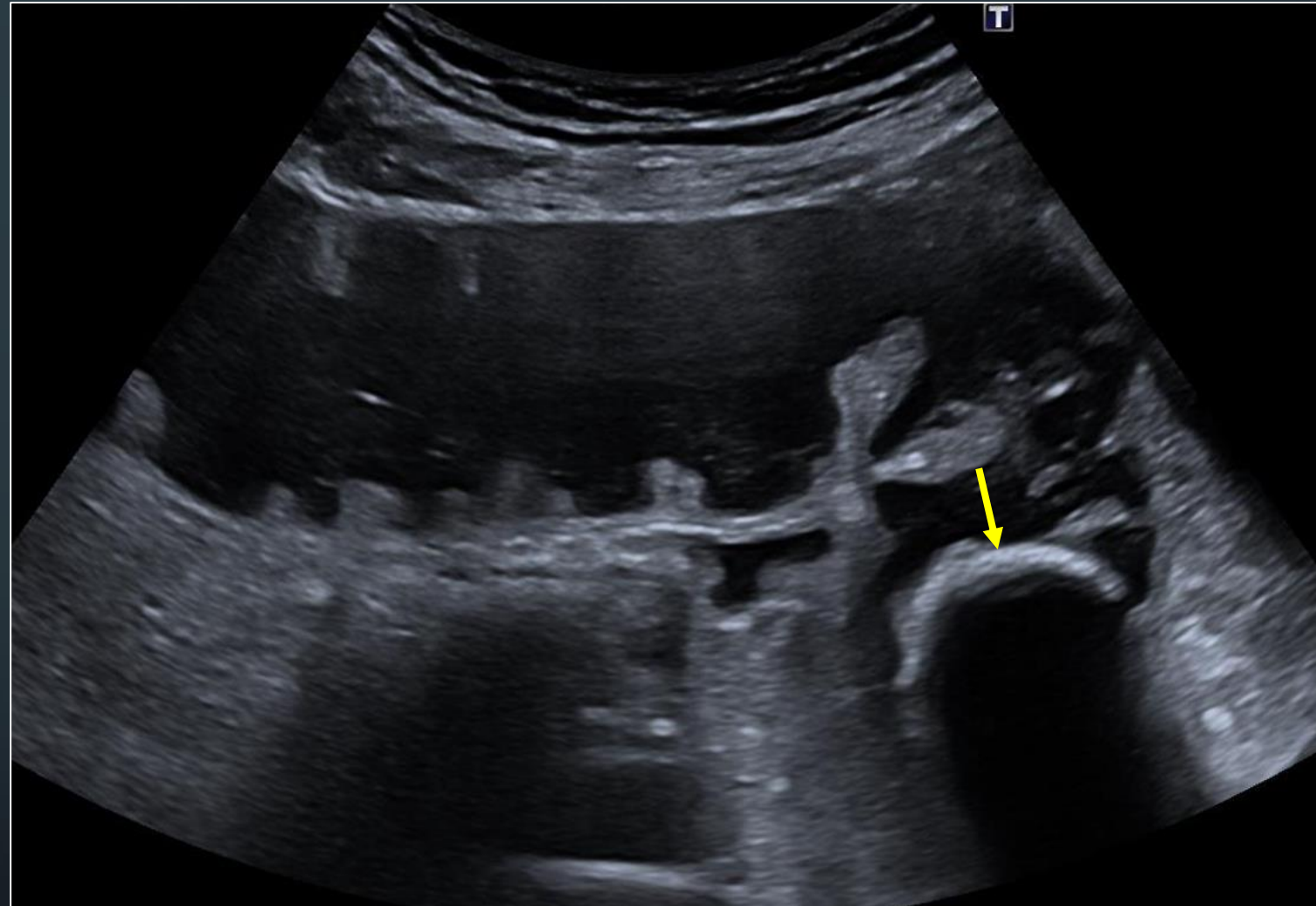
CT RESULTS

- A single jejunal diverticulum was thickened with surrounding inflammatory stranding.



DIAGNOSIS

- The diagnosis of small bowel obstruction secondary to a migrated jejunal enterolith was suspected
- As there was some uncertainty in the initial CT report and given the patient's age and comorbid status, an ultrasound was performed to confirm this diagnosis
- Ultrasound confirmed small bowel obstruction secondary to an obstructing enterolith (arrow)



MANAGEMENT

- The patient underwent laparotomy and enterotomy and removal of a calcified faecolith
- Recovered well post-operatively and was discharged from hospital shortly afterwards



DISCUSSION

- Small bowel diverticula are uncommon and only rarely cause symptoms
- Possible complications range from bleeding and diverticulitis to perforation
- Obstruction due to a dislodged enterolith is a recognised complication of small bowel diverticula
- When this occurs, both the culprit diverticulum and the obstructing faecolith can often be identified on imaging¹



CONCLUSION

- This is a classic example of a rare complication of small bowel diverticulosis
- Small bowel obstruction secondary to an intraluminal foreign body where there are no features of gallstone ileus should prompt reporters to examine the proximal bowel for evidence of small bowel diverticula
- Ultrasound can be a useful confirmatory test in such scenarios



REFERENCES

1. R Lamb, A Kahlon, S Sukumar, B Layton. *Small bowel diverticulosis: imaging appearances, complications, and pitfalls*. Clin Radiol. 2022; 77:4

