Small-bowel diverticulosis: a rare cause of iron deficiency anaemia

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Clinical—A 23-year-old man presented with recurrent iron deficiency anaemia (IDA) and an episode of overt gastrointestinal blood loss. Bi-directional endoscopies, a double-balloon enteroscopy (DBE) and a computed tomographic scan failed to reveal any abnormalities. Moreover, a Tc-99m pertechnetate scan for Meckel’s was negative. Small-bowel capsule endoscopy (SBCE) was therefore performed with MiroCam® capsule endoscope (IntroMedic Co Ltd, Seoul, Korea). It showed multiple diverticulae in the distal jejunum, but no other findings (Figure 1).

Figure 1. Small capsule endoscopy showing (arrows) the jejunal diverticulae. The localisator software image in the left inlet of each image.

Discussion—Small-bowel diverticulosis is rare. A strong association between SB diverticulosis and IDA has been reported. Although uncommon, other diverticular complications include blind loop syndrome, perforation and diverticulitis. The resulting malabsorption and occult haemorrhage can occasionally manifest as IDA.

There is a perceived higher risk of capsule retention in patients with small-bowel diverticulae. Furthermore, limitations in identifying diverticulae as compared to DBE have been reported. Diverticulae have highly variable appearances under endoscopy, often appearing simply as easily misinterpreted “red smears”.

To date, there is no systematic review of the sensitivity of SBCE in diagnosing diverticulae, but in our experience they are rarely visualised. Of the 21 publications in which SBCE successfully identified SB diverticulae, one reports the retention of the capsule endoscope in a big duodenal diverticulum.
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