SUJMS
Sana'a University Journal of Medical Sciences

Case Report

Young age Diverticular Disease

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In March 2007 a 45 years old Yemeni male, an employee in our Hospital who lives in Sana'a already for more than 32 years; Married and has 5 children, smoker and Khat chewer has been presented to ER during the night shift with Severe diffuse abdominal pain more extensive in the lower abdomen, Constipation and abdominal distension, Nausea without vomiting, Fever,.
In the ER he was seen by the casualty physicians and they put hem under observation, where he passed already 48 hours when he was examined by us and then advised to undergo Colonoscopy.

O/E:

Patient is conscious and oriented, He looks ill and slightly pale, Irritable, Feverish = 38.5 C˚.

Pulse: regular 80 / min; Respiratory rate: 18 / min; B.P: 125 / 80 mm. Hg; Tongue was coated by whitish-brownish coating; Abdomen was soft with tenderness and mild muscles defense phenomena in the left lower quadrant by superficial palpation; No any organomegaly or palpable masses could be detected by deep palpation; No any lymph-adenopathy could be palpated; No clubbing;

CVS: Clear heart sounds, No any added sounds; Respiratory system: Harsh breathing.

P.H:

Patient mentioned changes in his bowel habits as a severe constipation since 1990, which were relieved by Laxatives. He had 2 episodes

of severe constipation lasted for about 6 months- (each one)- during 1990- 1994; During this period up till 2000 he used Laxatives frequently.

Since 2000- 2007 he had yearly episodes of more severe constipation and left lower abdominal pain with concentration in the L. iliac fossa. This last attack of constipation and abdominal pain was markedly severe and associated with fever and had a sudden onset.

In addition to this he mentioned that he had a history of upper abdominal pain, heart burn and dyspepsia, for what he used to take: Zantac- Ranitidine and Lomac- Omeprezole without physician prescription.

During the past period he was not seen by any physician. No any facts of hospitalizations.

Investigation:

CBC & ESR: Hb. 14 g %; Leucocytes: 13000 x 10 / l; Urine: NIL; Stool: NIL.

X- Ray and Barium study:

Radiological signs of multiple Diverticules of the sigmoid and descending colon region, mainly in the mesenteric border with aspect of adjacent colonic segment. No filling defect.

Lower GIT Endoscopy :

Under coverage of antibiotic, Partial colonoscopy was performed and reveled the following: Multiple Sigmoid

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Colon Diverticules with Diverticulitis.

Consideration:

Patient passed already about 48 hours in the ER under observation; He was also examined by surgeon and they intended to perform a laparotomy for him.

In the ER patient was consulted by us, where we advised to perform diagnostic colonoscopy.

We assumed clinical picture and results of Physical & Paraclinical examinations of this patient as well as his related history of his conditions, which started since many years ago while he was younger.

It is well known that In Yemen majority of population still keeping traditional Dietary habits of food intake, of high fiber contents, although of this fact, this case with such age and early occurence of Diverticular Disease indicate toward the following: -

•Such a disease still not as high as in European countries, even among elder peoples, according to our medical experience in the country, although of that it is valuable to consider it's occurrence among Yemeni population even in patients of a younger ages as in our case.

•Changes in Nutritional Habits among population especially in main Cities in the Republic of Yemen;

•More attention must be paid to patients in the casualty while examining and taking History from them to avoid un- necessary abdominal surgery.

•The Diagnosis, Diverticular Disease and possibility of Diverticulitis has to be considered in adult patients, who come to the ER with L.L. Abdominal pain.

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