

## A rare condition of iron deficiency anemia: Duodenal diverticula

Nadir bir demir eksikliği anemisi sebebi: Duodenal divertikül

A 74 year- old women presented with fatigue and weakness. She had chronic heart failure for 10 years. She had cardiac bypass surgery four years ago. The patient's symptoms started three months ago. Laboratory tests revealed microcytic, hypochromic anemia (hemoglobin 7.4 g/dl, MCV 77 fl, ferritin 9 ng/ml, total iron binding capacity 473 ug/dl, iron 11 µg/dl, reticulocytes 1,5%). There was no active gastrointestinal bleeding signs. The other laboratory data was unremarkable.

The upper gastrointestinal endoscopy was performed to the patient and revealed duodenal extra-luminal diverticula (Figure 1). In endoscopic appearance there were erosions in the neck of the diverticula which were attributed to chronic non-steroidal anti-inflammatory drug use. Duodenal diverticulum diagnosis was also confirmed with barium radiography (Figure 2). Colonoscopy was unremarkable. Other iron deficiency conditions were excluded. Small-bowel diverticulosis is a rare entity. It can be discovered incidentally during celiotomy, endoscopy, or radiographic imaging studies. Small bowel diverticula occur most frequently in the duodenum and they are usually asymptomatic (1). Duodenal diverticula are classified into extra-luminal or intra-luminal. Duodenal diverticula can cause obstruction, cholelithiasis, ascending cholangitis, ulcers, and hemorrhage, and may perforate (2).

Our main concern in this article is that duodenal diverticula should not be disregarded in the diagnosis of iron deficiency anemia, even it is rarely encountered.

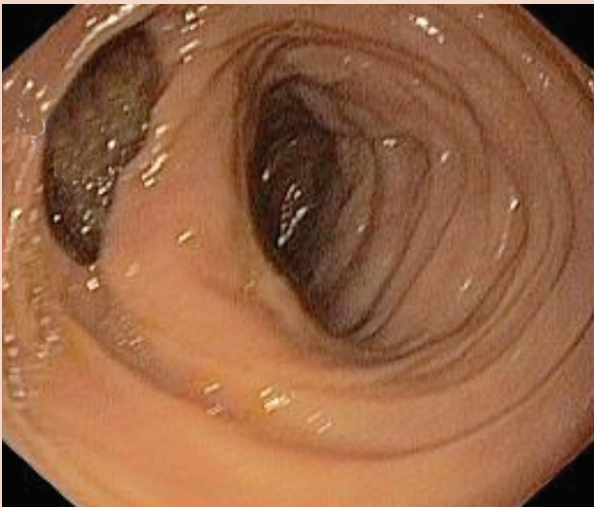


Figure 1. Upper gastrointestinal endoscopy view of the diverticula

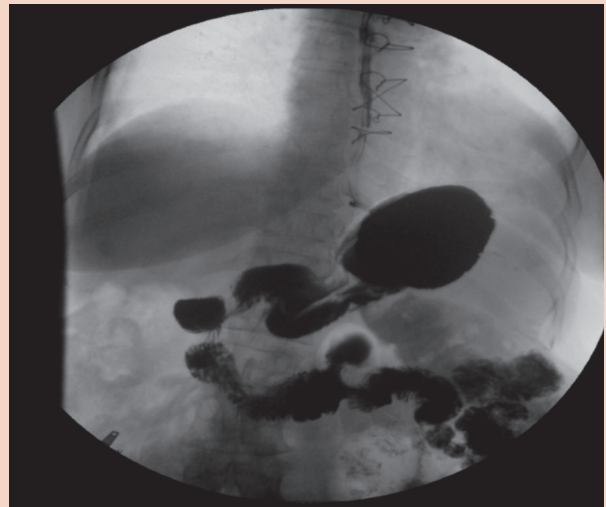


Figure 2. Barium radiography view of the extra-luminal diverticula is seen

Fatih ERMİŞ<sup>1</sup>, Murat ERDOĞAN<sup>2</sup>, Ali KUTLUCAN<sup>2</sup>, Fahri Halit BEŞİR<sup>3</sup>, Yusuf AYDIN<sup>2</sup>

Departments of <sup>1</sup>Internal Medicine, <sup>2</sup>Gastroenterology and <sup>3</sup>Radiology, Düzce University, School of Medicine, Düzce

### YORUM:

Duodenal divertiküller nadir olmakla birlikte özellikle ERCP yapan gastroenterologların sıklıkla karşılaştığı bir patolojidir. Çünkü sıklıkla periampuller bölgede yerleşirler. Sıklığı yaşla birlikte artıp, koledok taşı, koledok dilatasyonu gibi patoloji-

**Address:** Fatih ERMİŞ

Department of Internal Medicine, Division of Gastroenterology, Düzce University School of Medicine, Düzce • Fax: +90 380 542 13 87  
E-mail: fatihermis2@hotmail.com

**Geliş Tarihi:** 31.01.2013 • **Kabul Tarihi:** 03.04.2013

lere yol açabilir. Bu olguda olduĐu gibi özellikle non steroid antiinflamatuvar kullanımı divertikül kesesi veya boynunda ülsere yol açıp aşıkâr veya gizli kanamaya neden olabilir. Buradaki önemli noktalardan biri ön görüŐlü gastroskopla bazen, özellikle büyük olmayan duodenal divertiküllerin gözden kaçabileceĐidir.

Prof. Dr. Orhan SEZGİN  
Özgün Görüntüler Editörü

## REFERENCES

- 1- Akhrass R, Yaffe MB, Fischer C, Ponsky J, Shuck JM. Small-bowel diverticulosis: perceptions and reality. J Am Coll Surg. 1997;184: 383.
- 2- Afridi SA, Fichtenbaum CJ, Taubin H. Review of duodenal diverticula. Am J Gastroenterology. 1991 Aug;86: 935-8.