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Keywords:Gastrointestinal bleeding; Jejunal diverticula

To the Editor

A 86-year-old female patient was admitted with melena. She su ered from atrial brillation and therefore was advised to take coumadin for thromboemboli prophylaxis. She was hospitalized for gastrointestinal bleeding for 20 days. She had three bleeding episodes during this time. Tc99 labelled erythrocyte scintigraphy and angiography could not be performed due to technical issues. erefore, small bowel series was performed a er patient was stabilized. Two diverticuli in duodenum and 3 diverticula in jejunum segments were demonstrated. Coumadin was discontinued and acetylsalicylic acid 100 mg was started. She is

under follow-up for a year and stable regarding to gastrointestinal and Cardiac problems (G P R U L D Q] H \ Q D O # \ D K R R F R P

Small bowel diverticula are known mostly asymptomatic and autopsy studies report the incidence below 4.5% [1]. Gastrointestinal hemorrhage originating from small bowel diverticula is very rare [2]. Either persistent or recurrent GI hemorrhage without a cause detected on esophagogastrosocopy and colonoscopy is usually challenging in daily practice. Tc99 labelled erythrocyte scintigraphy or angiography can be used for detecting bleeding diverticuli. Herein, we underline the importance of small bowel series for small bowel divericula. In conclusion, small bowel series should always be considered in whom gastrointestinal bleeding can not detect with both upper and lower digestion system endoscopy. Proper and timely diagnosis might be necessary and supportive measures can be enough in follow-up of those patients.

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