A 72-year-old male was admitted with infectious colitis. Laboratory tests revealed enzyme elevation with a cholestatic hepatitis pattern [total-bilirubin: 2.5 mg/dL (<1.2 mg/dL), direct-bilirubin: 1.42 mg/dL (<0.3 mg/dL), AST: 460 IU/L (<40 IU/L), ALT: 467 IU/L (<50 IU/L), GGT: 977 IU/L (<60 IU/L)], which persisted after patient discharge. Computed tomography (CT) showed a duodenal diverticulum of the second part of duodenum and dilation of the biliary tree, with no evidence of pancreatic lesions (Fig. 1). A magnetic resonance imaging study, which included a cholangiographic sequence, (Fig. 2) confirmed the duodenal diverticulum and biliary dilation. Endoscopic ultrasonography (EUS) was performed to exclude peri-ampullary tumor. The biopsy did not reveal tumor cells. A diagnosis of Lemmel’s syndrome (i.e., juxtampullary duodenal diverticulum compressing the intrapancreatic bile duct resulting in obstructive jaundice in the absence of cholelithiasis or other detectable obstacles) was done.

Duodenal diverticula are most frequently asymptomatic.1,2 Lemmel’s syndrome was first described in 1934,3 but to date, very few cases have been published. The diagnosis is confirmed by imaging, including barium meal, EUS, endoscopic retrograde cholangiopancreatography, CT or magnetic resonance cholangiopancreatography.4,5

PROTECTION OF HUMANS AND ANIMALS
The authors declare that the procedures were followed according to the regulations established by the Clinical Research and Ethics Committee and to the Helsinki Declaration of the World Medical Association.

DATA CONFIDENTIALITY
The authors declare having followed the protocols in use at their working center regarding patients’ data publication.

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2. Autor correspondente: Miguel Ramalho. miguel-ramalho@netcabo.pt

Received: 10 of fevereiro de 2017 - Aceite: 27 de marzo de 2018 | Copyright © Ordem dos Médicos 2018