



MECKEL'S DIVERTICULITIS- A DIAGNOSTIC CHALLENGE: A CASE REPORT

**Dr. P Dinesh
Chaitanya Raju**

Department Of General Surgery, Santhiram Medical College, Nandyal

**Dr. Y. V.
Jayaramudu***

M.S. Department Of General Surgery, Santhiram Medical College, Nandyal
*Corresponding Author

ABSTRACT Meckel's diverticulum is the most common congenital malformation of gastrointestinal tract. It can cause complications in the form of ulceration, haemorrhage, intussusception, intestinal obstruction, perforation and, very rarely, vesicodiverticular fistulae and tumours. These complications, especially bleeding, are more common in the paediatric age group than in adults; however it is not uncommon to miss the diagnosis of Meckel's diverticulum in adults. Here, we reviewed the literature regarding the complications of this forgotten clinical entity in adults with potential diagnostic difficulties and management strategies.

KEYWORDS : Meckel's diverticulum, missed diagnosis, complications

INTRODUCTION:

Meckel's diverticulum is the most common congenital malformation of the gastrointestinal tract (present in 2%-4% of population) due to persistence of the congenital vitello-intestinal duct. Bleeding from Meckel's diverticulum is the most common clinical presentation, especially in younger patients, but it is rare in the adult population. The complications in adults include: obstruction; intussusception; ulceration; haemorrhage; and, rarely, vesicodiverticular fistulae and tumours. Due to the rarity of cases in adults, it is still misdiagnosed preoperatively. Here, we review the current literature of this forgotten clinical entity for its clinical diversity, diagnostic difficulties

CASE REPORT:

12 year old male presented with abdominal pain & distension, vomitings constipation since 2 days. 3 days back patient had abdominal pain vomitings and fever and undergone open appendectomy in local hospital. patient didn't get relieved from the symptoms and 2 days after appendectomy presented to santhiram general hospital with the presenting complaints.

On investigation

All routine investigations were normal except

Total WBC count 16,000

Sr.potassium – 3meq/lt



Fig 1- xray erect abdomen showing dilated small bowel with air fluid level

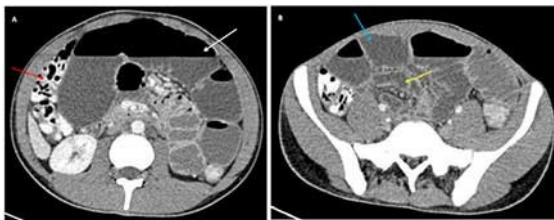


Fig 2- A: Axial CECT shows dilated jejunal loops with air-fluid levels (white arrow). Large bowel is collapsed (red arrow). B: Proximal ileal loops are dilated (blue arrow), while distal ileum is collapsed (yellow arrow), suggesting zone of transition at ileal level

MANAGEMENT:

Under general anaesthesia midline incision given over abdomen. inflamed meckel's diverticulum identified from 60cm from the IC junction with mesodiverticular band. band released, diverticulum excised with 0.5 cm margin.



Fig 3-inflamed Meckel's diverticulum with mesodiverticular band causing obstruction

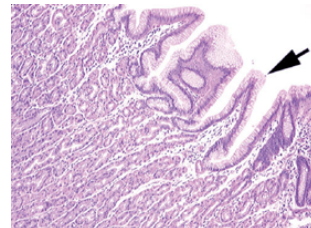


Fig4-Heterotopic ectopic gastric fundic mucosa in Meckel's diverticulum

DISCUSSION:

Meckel's diverticulum first explained by Fabricius Hildanus and later named after Johann Friedrich Meckel, is a vestigial part of vitello intestinal duct. Meckel's diverticulum is the most common congenital malformation of the gastrointestinal tract (present in 2%-4% of population) due to persistence of the congenital vitello-intestinal duct. Bleeding from Meckel's diverticulum is the most common clinical presentation, especially in younger patients, but its presentation is rare in the adult population.

MD presents with varied clinical manifestations. Complications of MD often result from ectopic tissues or bands and cause intestinal hemorrhage, diverticulitis with or without peritonitis, and intestinal obstruction. the clinical presentations may differ between pediatric population and adults. In the pediatric population, intestinal hemorrhage and obstruction were more common than diverticulitis. In adults, intestinal obstruction was the most common complication.

CONCLUSION

- Features of meckel's diverticulitis will closely mimic that of acute appendicitis and is not possible to differentiate both clinically and sonologically.

- Importance of laproscopic appendectomy
- Even in open appendectomy it is always better to pull back distal small bowel and look for meckel's diverticulum.

REFERENCES:

1. Yahchouchy EK, Marano AF, Etienne J-CF, Fingerhut AL. Meckel's diverticulum. *Journal of the American College of Surgeons*. 2001;192(5):658-662
2. Tseng Y-Y, Yang Y-J. Clinical and diagnostic relevance of Meckel's diverticulum in children. *European Journal of Pediatrics*. 2009;168(12):1519-1523.
- a. Matsagas MI, Fatouros M, Koulouras B, Giannoukas AD. Incidence, complications, and management of Meckel's diverticulum. *Archives of Surgery*. 1995;130(2):143-146.
3. St-Vil D, Brandt ML, Panic S, Bensoussan AL, Blanchard H. Meckel's diverticulum in children: a 20-year review. *Journal of Pediatric Surgery*. 1991;26(11):1289-1292.
4. Cullen JJ, Kelly KA, Moir CR, Hodge DO, Zinsmeister AR, Joseph Melton L., III. Surgical management of Meckel's diverticulum: an epidemiologic, population-based study. *Annals of Surgery*. 1994;220(4):564-569.
5. Levy AD, Hobbs CM. From the archives of the AFIP. Meckel diverticulum: radiologic features with pathologic correlation. *Radiographics*. 2004;24(2):565-587.