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A CASE REPORT ON PERFORATED MECKEL'S DIVERTICULITIS MIMICKING ACUTE APPENDICITIS

Surgery

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ABSTRACT

A 40-year-old male presented with symptoms indicative of acute appendicitis. Intraoperative findings revealed a perforated Meckel's diverticulum, a rare but serious complication. This report highlights the diagnostic challenge and emphasizes the importance of considering Meckel's diverticulitis in differential diagnosis.

KEYWORDS

INTRODUCTION

Meckel's diverticulum, first described by Johann Friedrich Meckel in 1808, is the most common congenital anomaly of the small intestine, occurring in approximately 2% of the population. Though typically asymptomatic, it can lead to complications such as bleeding, obstruction, inflammation, and rarely, perforation.

Case Description

A 40-year-old male presented with abdominal pain, fever, and vomiting for 2 days. Physical examination revealed right iliac fossa tenderness. Hematological investigations were normal except for leukocytosis. X-ray abdomen (erect) showed free air under the right diaphragm.

Surgical Findings

Following resuscitation, a midline laparotomy was performed. Intraoperatively, a perforated Meckel's diverticulum (3 cm length, broad base) was found in the right lower abdomen. Segmental resection of the adjacent ileum with end-to-end anastomosis was performed.

Histopathology

Histopathological examination revealed all layers of the intestine with inflammatory infiltrates and necrosis at the perforation site. No ectopic mucosa was identified.

DISCUSSION

Meckel's diverticulum results from the incomplete obliteration of the omphalomesenteric duct. Around 60% of symptomatic cases have gastric heterotopic mucosa. While Technetium-99m pertechnetate scan is useful in children, its sensitivity in adults is low. Imaging may be nonspecific unless complications like perforation are evident. In this case, the presence of free air suggested a perforated viscus, guiding further exploration.

CONCLUSION

Perforated Meckel's diverticulum should be considered when the appendix appears normal intraoperatively, especially in the presence of free air under the diaphragm. This case underscores the diagnostic dilemma and surgical management strategy.