Dear Editor,

We present the case of a 53-year-old man with a history of an appendectomy for acute appendicitis ten years ago, when a non-complicated Meckel’s diverticulum was identified. It began with pain in the right lower abdomen of a 24-hour duration with a peritoneal right iliac fossa reaction.

With the presumptive diagnosis of Meckel’s diverticulitis, laparoscopy was decided upon, which was not possible due to adhesions in the right iliac fossa. A laparotomy was then performed, identifying a Meckel’s diverticulum 60 cm from the ileocecal valve pierced by a fishbone that was obstructing the perforation, thus there was no leakage of intestinal contents into the cavity (Fig. 1). Segmental bowel resection and ileo-ileoanastomosis was performed manually.

The pathological study of the specimen showed a Meckel’s diverticulum complicated with acute inflammation, which was necrotic and perforated without ectopic mucosa.

Discussion

Meckel’s diverticulum is a congenital anomaly of the gastrointestinal tract resulting from incomplete obliteration of the vitelline or omphalomesenteric duct during the fifth week of embryonic development (1). Most are asymptomatic and are diagnosed incidentally on imaging or during surgery (2). Detection during a laparotomy is rare, even if it is complicated by a foreign body (3).

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References