Hemorrhage and intestinal obstruction secondary to a Meckel’s diverticulum: a case report

Key words: Meckel’s diverticulum. Hemorrhage. Intestinal obstruction.

Dear Editor,

We present the case of a 17 year old male with a ten year history of anemia that presented with recurrent bloody stools, abdominal pain and fatigue of 3 month duration. When in the hospital, the lowest blood pressure reading was 91/44 mmHg. The physical examination was negative, laboratory tests revealed a decreased hemoglobin level of 60 g/L. The gastroscopy, colonoscopy, first-time double-balloon enteroscopy (DBE) via the anus at 120cm from the ileocecal valve and the capsule endoscopy up to the caecum were all negative. Therefore, a 99mTc-pertechnetate scan was performed in order to determine whether there was ectopic gastric mucosa. A rounded highly radioactive area was observed at the ileocecum. This positive result identified ectopic gastric mucosa, which led to a provisional diagnosis of a bleeding Meckel’s diverticulum (MD). Subsequently, a double-balloon enteroscopy through the anus was performed by a more-experienced endoscopic physician. The diverticulum was found at a distance of 50 cm from the ileocecal valve with smooth mucosa (Fig. 1).

A laparoscopic exploration was performed and a closed loop obstruction and gangrene of MD at 60 cm from the ileocecal valve was found. A segmental bowel resection was performed and the histopathology confirmed a diverticulitis of Meckel’s diverticulum. No complications were observed after six months of follow-up.

DISCUSSION

Meckel’s diverticulum is a congenital gastrointestinal malformation and hemorrhage is the most common presentation. Severe bleeding implies MD with ectopic gastric mucosa which was found in this case. About 6 % of cases are diagnosed before surgery (1). DBE and capsule endoscopy could assist the diagnosis of symptomatic MD. False-negative results may be related to the size and position of the MD. In addition, the experience of the endoscopic physician...
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REFERENCES

