Dear Editor,

Meckel’s diverticulum is an infrequent malformation (2% of the population) and the most frequent complication is bleeding (1) followed by diverticulitis. This usually occurs with clinical signs and symptoms of acute appendicitis in adults (2,3). The diagnosis requires a high index of suspicion and is based on complementary tests in most cases (mainly CT).

Case report

We present the case of a 67-year-old male admitted to the Emergency Department due to a two-day history of abdominal pain, associated with fever. The blood tests showed elevation of inflammatory parameters and an abdominal-pelvic CT scan was performed, which identified a Meckel’s diverticulitis (Fig. 1A). An urgent surgical intervention was performed due to the findings. An exploratory laparoscopy showed diffuse purulent peritonitis secondary to a perforated Meckel’s diverticulitis. A resection of 10 cm of the ileum was performed, which included the diverticulum (Fig. 1B). The patient was sent home four days later without any postoperative complications. The pathological analysis showed a perforated Meckel’s diverticulitis with ectopic gastric mucosa.

Discussion

Meckel’s diverticulitis is a condition in which there are no therapeutic algorithms due to the low incidence. Urgent surgery is indicated, either by a laparoscopic or open approach, due to the risk of perforation. Neither the ideal surgical procedure (resection of the diverticulum, wedge resection or segmental intestinal resection) nor the optimal approach (laparotomy or laparoscopy) have been determined. In our experience, laparoscopy is a safe technique for the treatment of complications derived from a Meckel’s diverticulum (1-3).

References

