Inverted Meckel’s diverticulum in an adult patient diagnosed via capsule endoscopy

Dear Editor,

A Meckel’s diverticulum (MD) is present in 2% of the general population and is located in the last 90 cm of the ileum (1). An inverted presentation has been described in up to 21% of cases (2,3). There may be areas of ectopic mucosa and the gastric area is one of the most frequent. A digestive hemorrhage is the most common complication (1).

Case report

We present the case of a 77-year-old male with arterial hypertension and a coronary stent, who was undergoing antiplatelet treatment. He was tested for iron deficiency anemia via gastroscopy and colonoscopy, and there were no relevant findings. However, there was an iatrogenic perforation in the sigma during the last procedure which was treated by a simple surgical suture.

The patient was referred to our center due to the persistence of the anemia. No lesions were found in a follow-up gastroscopy and the patient refused to undergo a repeat colonoscopy. Therefore, a computed tomography (CT) colonography was performed. The scan identified an intraluminal tubular lesion in an ileum loop that was suggestive of an inverted MD. A scintigraphy with Tc-99 did not identify images suggestive of ectopic gastric mucosa.

A capsule endoscopy (CE) study of the small intestine was performed and a lesion with a long, thick and twisted pedicle with an ulcer on the surface was identified. The lesion was 5.5 cm by 1.5 cm in size and was located in the distal ileum, compatible with an inverted MD (Fig. 1A).

A segmental surgical resection was performed (Fig. 1B), and the suspected diagnosis was confirmed by histology. The hemoglobin levels have normalized after nine months of periodical monitoring.

Discussion

This case highlights an uncommon inverted MD that was identified in the small intestine by capsule endoscopy. The preoperative diagnosis of DM was difficult and CE can be useful. However, there is no data with regard to the sensitivity and specificity of the CE due to the low number of published cases (4,5). The current treatment of choice is surgical resection.

References


