

PICTURES IN DIGESTIVE PATHOLOGY

Meckel's diverticulum bleeding detected by capsule endoscopy

José Francisco Juanmartiñena-Fernández, Iñaki Fernández-Urién-Sainz, Cristina Saldaña-Dueñas and Rosa Iglesias-Picazo

Department of Gastroenterology. Complejo Hospitalario de Navarra. Pamplona, Navarra. Spain

CASE REPORT

A 28-year-old man diagnosed with Charge syndrome and no history of NSAIDs ingestion was referred due to the presentation in the previous 24 h of melanic stools with a negative upper endoscopy. Physical examination was unremarkable, although laboratory tests showed anemia. On the second day, significant painless rectal bleeding and the decrease of hematocrit levels responding to blood transfusion were observed, so colonoscopy was recommended but completely rejected by the patient. Therefore, capsule endoscopy was performed, identifying a saccular image in the terminal ileum suggestive of a Meckel's diverticulum (Fig. 1). However, the ^{99m}Tc -pertechnetate scan was negative. Although available, double balloon enteroscopy, angio-CT and surgery were not performed following the patient's wishes. After a five month follow-up period, no more episodes of gastrointestinal bleeding were observed.

DISCUSSION

Meckel's diverticulum is the most common congenital anomaly of the gastrointestinal tract. It is located within 90 cm from the ileocecal valve and can present in the gastric or pancreatic mucosa. It occurs in about 2% of the population with a male-to-female ratio of 2:1 (1). Gastrointestinal bleeding is the most common presentation. ^{99m}Tc -pertechnetate scan is the investigation of choice, although it occasionally gives false negative results. In these cases, capsule endoscopy may be useful, even more when the "double lumen sign" is detected during small bowel exploration (2,3). Surgery is the treatment of choice.



Fig. 1. Saccular image in terminal ileum presented with "double lumen sign" (asterisks) and ulcerated mucosa (head arrow).

REFERENCES

1. Zuckerman GR, Prakash C. Acute lower intestinal bleeding. Part I: Clinical presentation and diagnosis. *Gastrointest Endosc* 1998;48:606-17. DOI: 10.1016/S0016-5107(98)70043-4
2. Ríos A, Montoya MJ, Rodríguez JM, et al. Acute lower gastrointestinal hemorrhage originating in the small intestine. *Rev Esp Enferm Dig* 2006;98:196-203. DOI: 10.4321/S1130-01082006000300006
3. Krstic SN, Martinov JB, Sokic-Milutinovic AD, et al. Capsule endoscopy is useful diagnostic tool for diagnosing Meckel's diverticulum. *Eur J Gastroenterol Hepatol* 2016;28:702-7. DOI: 10.1097/MEG.0000000000000603