



Perforated Meckel's Diverticulum

Authors

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Introduction

Meckel's diverticulum is the most common congenital malformation of gastrointestinal tract. It can cause complications in the form of ulceration, haemorrhage, intussusception, intestinal obstruction, perforation and, very rarely, vesicodiverticular fistulae and tumours. These complications, especially bleeding, are more common in the paediatric age group than in adults; however it is not uncommon to miss the diagnosis of Meckel's diverticulum in adults.

Case Report

A 50 year old male presented to the hospital with the complain of abdominal pain. On clinical evaluation the patient had features suggestive of perforation peritonitis with guarding and rebound tenderness. Blood indices revealed leukocytosis, haemoconcentration and pre renal azotaemia. Relevant CT- Scan image are delineating the pathology as shown in the figure. The picture reveal a diverticulum originating from the distal ileum leading to an inflammatory phlegmon with extra luminal air. Surgical intervention with small bowel resection was performed for perforated

Meckel's Diverticulitis. Post operative course was uneventful.

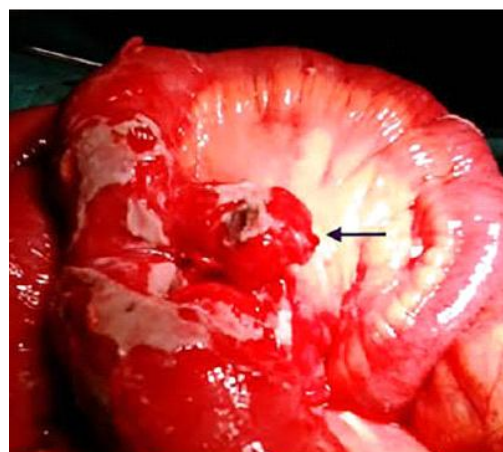


Fig 1 - Perforated Meckel's Diverticulum

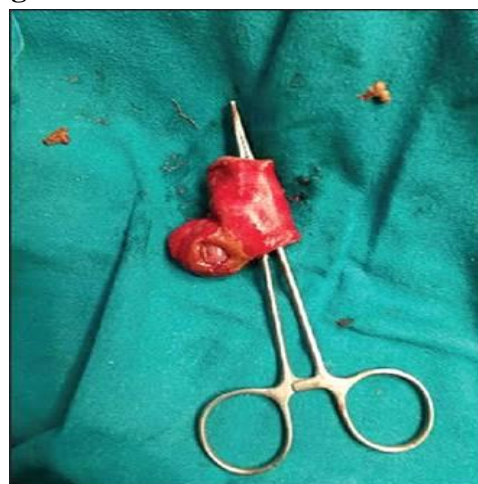


Fig 2 - Resected Part



Fig 3 - After Anastomosis



Fig 4 - During Surgery

Discussion

Meckel's Diverticulum is a vestigial remnant of the vitello intestinal duct. It is present in 0.3-2% of population, 45-90 cm proximal to the ileo caecal junction and 1-12 cm in length. Up to 50% of Meckel's Diverticulum contains heterotopic tissue (gastric, pancreatic, biliary, colonic). Meckel's Diverticulitis is often indistinguishable from acute appendicitis, and operative intervention is the mainstay of treatment.

Conclusion

Meckel's diverticulum is the most common congenital malformation.

It cause complications in the form of ulceration, haemorrhage, intussusception, intestinal obstruction, perforation. In this case the patient presented with the feature of peritonitis which was mimicking appendicular perforation for which the diverticulum was resected and primary anastomosis was done.

Reference

1. Meckel JF. Uber die divertikel am darmkanal. Arch Physiol 1809; 9: 421-53
2. Cserni G. Gastric pathology in Meckel's diverticulum. Review of cases resected between 1965 and 1995. Am J Clin Pathol 1996;106: 782-5 [PubMed]
3. Love and Bailey's 27th Edition.