

CASE REPORTS

I. Meckel's Diverticulum with Multiple Complications

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Introduction

Complications from Meckel's Diverticulum are well recorded, intestinal obstruction being the commonest complication in adults (Dowse JLA. 1961); (Soltero MJ et al, 1976).

Meckel himself estimated the risk of complication developing in the diverticulum to be 25%. This figure is now considered to be too high (Moses WR. 1947).

The other Complications of Meckel's diverticulum are Gastrointestinal haemorrhage, Acute inflammation, Intestinal obstruction due to intussusception, internal hernia or bands, Perforation of Meckel's and Peritonitis.

Case Report

A 16 year old boy was admitted as an emergency case with a 48 hour history of pain abdomen. The symptoms started as a constant dull central abdominal discomfort becoming progressively worse

and colicky in nature. He had vomited several times

This patient was referred from a peripheral hospital as a case of intestinal obstruction along with the plain X ray abdomen showing multiple fluid levels.

On admission, patient was dehydrated, febrile, with a pulse of 110/minute and tenderness and guarding present all over the abdomen. Rectal examination revealed tenderness over the right Iliac fossa. His Hb-13.6gm% and WBC, TC-16 6000/cumm, with P82, L36, E4. The patient was then diagnosed as a case of Perforated appendix with peritonitis. Plain X ray abdomen repeated had shown fluid levels between bowel loops along with multiple fluid levels in the distended bowels.

With this provisional diagnosis abdomen was opened along a right paramedian incision. Diffuse peritoneal soiling with fibrinous plaques sticking the bowel loops together. On Exploration of abdomen, a highly inflamed

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Meckel's diverticulum with a perforation at its apex (a probe showing the perforation in the photograph) was found.



Showing the Perforated Meckel's Diverticulum

This was the cause of the peritonitis. The adherence of the bowel loops were due to fibrinous exudates that caused the intestinal obstruction. Ileal resection of the Meckel's was done so as to remove any ectopic tissue in toto if any. Abdomen was closed with Tube drains so as to facilitate betadine irrigation, which was continued for five days.

Histopathological examination of the resected specimen revealed acute diverticulitis of Meckel's with peritonitis. No ectopic foci of tissue were visualised.

Discussion

Though intestinal obstruction, peritonitis and perforation of Meckel's diverti-

ulum has been reported, it is not very often that we come across a case, which masquerading as intestinal obstruction and later turned out to be due to perforation of meckel's.

Meckel's diverticular perforation occurs either due to the presence of ectopic tissue or due to the inflammation of the Meckel's. The presence of ectopic tissue though are usually palpable, ectopic tissue might be present in spite of normal palpation of the Meckel's (Von Hedenberg C. 1969).

Hence Meckel's diverticulum must always be remembered in any case of intestinal obstruction with peritonitis in young adults and that too, when there are no other etiological factors.

References

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