

A Case Report

WIDE MOUTHED MECKEL'S DIVERTICULUM IN ADULT: A CASE REPORT

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ABSTRACT

Introduction: Meckel's diverticulum (MD) is the most common congenital malformation of the gastrointestinal tract. Intestinal obstruction is the leading presenting symptom in the adult population due to multiple causes (intussusception, incarceration, adhesions, strictures and torsion). Our patient is a 45 year old female presented with small bowel obstruction, for which Diagnostic laparoscopy was done shown to have unique wide mouthed Meckels diverticulum with stricture. Ileac resection with 2 layer anastomosis was performed.

Discussion: Wide mouth meckels diverticulum causing intestinal obstruction is quite rare. In this case we witnessed a wide mouthed Meckels diverticulum with a constriction band which caused intestinal obstruction. The diagnosis was made through Diagnostic laparoscopy as CECT abdomen was inconclusive. Due to its rare wide mouthed picture, patient had slow progression of obstruction.

Conclusion: Due to the rarity of presentation in adults, the presence of a symptomatic MD is usually misdiagnosed preoperatively. However radiological diagnosis is difficult concluding Diagnostic laparoscopy playing as a major diagnostic tool.

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INTRODUCTION

Meckels diverticulum (MD) is better known by paediatric surgeons than those who care for adults. It is the most common congenital malformation of the gastro-intestinal tract. MD is rarely symptomatic in adults. It is therefore most often undiscovered, The goal of this paper is to describe the various circumstances under which Meckels diverticulum is diagnosed, to recall the indications and the modalities of surgical treatment.

Case history: A 45 year old female presented to casualty with abdominal pain and distension of abdomen for past 3 days. Associated with vomiting, contained food particles, bilious in nature and also constipation for 3 days. She is known Hypertensive for 6 years under treatment, gives h/o Laparoscopic surgery for right ovarian cyst and appendectomy.

On Examination she was febrile with 100 F with poor hydration status. Abdominal examination showed previous surgical scar. Distended abdomen

Basic investigation showed elevated WBC count with neutrophilia, X-ray erect abdomen showed air fluid levels ,USG findings were inconclusive showed Chronic constipation changes in left iliac fossa with minimal free fluid .CECT showed Aneurysmal dilatation of proximal ileal loop in right iliac fossa, blind ending tubular outpouching found in between

the dilated ileal loops, indicating intestinal obstruction with peritonitis.



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Patient was kept NPO with intravenous fluids and other supportive medications, passed flatus following day. She was taken up for Diagnostic laparoscopy which showed

- Amber coloured fluid drained from peritoneal cavity
- A wide mouthed meckels identified with constriction ring proximal to it.



Immediately patient was taken up for laparotomy, 200 ml amber coloured fluid drained from peritoneal cavity, A wide mouthed with 5cm base ,4 cm length meckels identified with constriction ring proximal to it. Meckels identified 20 cm proximal to the IC valve, along with adhesions to surrounding bowel and to anterior abdominal wall. Ileal loops found to be dilated.

Adhesions released segmental ileal resection along including meckels was done. 2 layer primary anastomosis has been done. Postoperative period was uneventful, Serial DT monitoring was done, post-operative day 7 DT was removed. Post-operative day 8 patient was discharged with supportive medications.



HPE report showed- INFLAMMED MECKELS DIVERTICULUM WITH STRICTURE.

DISCUSSION

Meckel's diverticulum is commonly encountered during surgical practice as the cause of the patient's presentation or as an incidental finding. It generally remains silent but some life-threatening complications may occur thus increasing its importance in clinical practice. A detailed knowledge about the anatomical and pathophysiological properties of the Meckel's diverticulum is required to deal with such presentations. Meckel's diverticulum is the commonest congenital anomaly of the gastrointestinal tract, located on the antimesenteric border of the ileum approximately 45–60 cm proximal to the ileocecal junction. True diverticulum with all the layers of intestinal wall and has its own blood supply. Meckels with variable mucosa is seen due to its pluripotent nature. It includes Gastric mucosa, pancreatic mucosa and even colonic mucosa.

The preoperative diagnosis of a complicated Meckel's diverticulum can be challenging and is often difficult to establish, especially in adults.

CONCLUSION

Due to the rarity of presentation in adults, the presence of a symptomatic MD is usually misdiagnosed preoperatively. However radiological diagnosis is difficult concluding Diagnostic laparoscopy playing as a major diagnostic tool.

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