

3 Case reports of Meckel's Diverticulum

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This rare condition is often quoted as occurring in 2% of the human race, 2 feet from the ileocaecal valve and being 2 inches long. It usually presents as its complications since 20% contains heterotopic epithelium:—

- 1) Severe haemorrhage due to peptic ulceration.
- 2) Intussusception.
- 3) Inflammation.
- 4) Chronic Peptic Ulceration.
- 5) Intestinal Obstruction.

The latter occur less frequently but I shall describe 3 cases which occurred in Taiping Hospital within 3 months and their plain x-ray findings.

PATIENT L.K.K. (AGE 5)

History (30.10.74)

One day colicky abdominal pain with associated vomiting, sweating and fever. Bowels not opened one day.

Examination. Temp. 99.8°F.

Abdomen distended especially around the umbilicus. Not tender. No visible peristalsis. No mass felt. Bowel sound presents. PR — Normal stools. Intestinal Obstruction. Laparotomy done on 22.10.74.

- Findings
- (1) Long Meckel's diverticulum ending with a cord at the umbilicus.
 - (2) Associated rotation of gut and intestinal obstruction.

Operation — diverticulectomy and release of band.

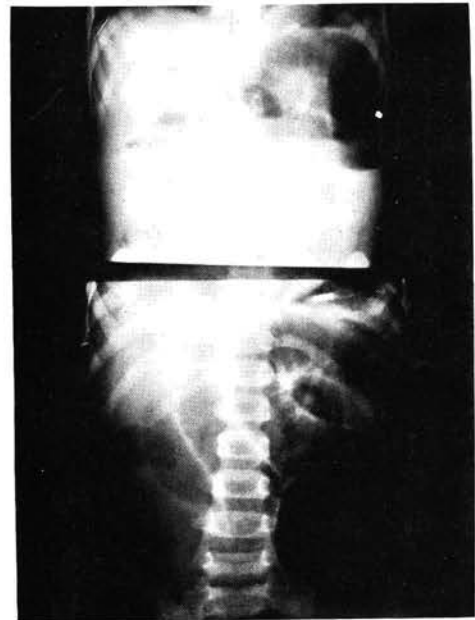


Fig: 1
Small Intestinal Obstruction Due to Band connected to Meckel's Diverticulum.

PATIENT A BIN H (AGE 8)

History (6.12.74)

Pain 2 days over the abdomen especially umbilicus. Vomiting. Constipation.

Examination. Abdomen — distended with eversion of umbilicus and RIF, sluggish bowel sounds.

Subacute intestinal Obstruction. Laparotomy done on 8.12.74.

Findings. Meckel's diverticulum connecting ileum to umbilicus and causing partial intestinal obstruction.

Operation done: Diverticulectomy and release of obstruction.



Fig: 2

*Air in Meckel's Diverticulum just to the right of Centre of Abdomen.
Partial Volvulus of Distal Colon.*

PATIENT A BIN O (AGE 8)

History (8.1.75)

Vomiting many times 2 days. Constipated 3 days. Passed round worms in the stools.

Examination. Abdomen distended. Bowel sounds sluggish. No Palpable mass.

PR — Hard faeces (Trichuris ova seen) Intestinal Obstruction (By Worm Infestation?)

Laparotomy done on 9.1.75

Findings. (1) Pus in peritoneal cavity.
(2) Sloughing Meckel's diverticulum which had formed a band over caecum.

(3) Appendix also inflamed secondary to the sloughing Meckel's Diverticulum.

Operation done: diverticulectomy and appendectomy.

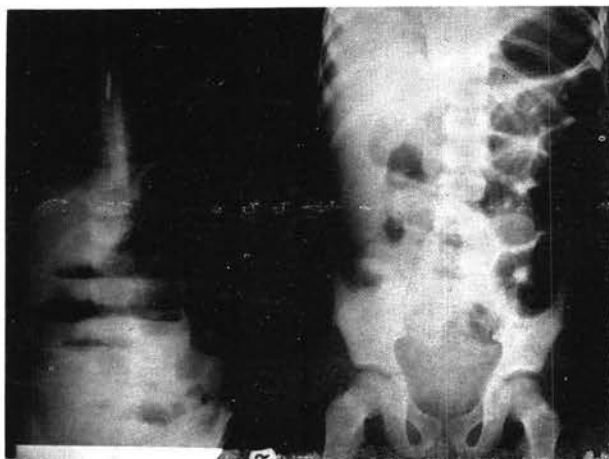


Fig: 3

Distended loops of small and large bowel with multiple fluid levels due to peritonitis.

Summary of Radiological Manifestations of Meckel's Diverticulum.

Plain film.

- 1) Gas in Diverticulum.
- 2) Enterolith.
- 3) Abscess formation or fluid in abdomen from perforation.
- 4) Small bowel obstruction.

Barium Follow Through.

- 1) Diverticulum.
- 2) Intussusception (coiled spring appearance)
- 3) Persistent separation of bowel loops about an inflamed diverticulum.
- 4) Filling defect in barium filled ileum.

Angiography.

Bleeding site revealed.

99 m Technetium.

Isotope taken up by ectopic gastric mucosa.

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