

TITLE: DOUBLE TROUBLE; DISTAL ILEAL VOLVULUS WITH INTERNAL HERNIATION DUE TO MECKEL'S DIVERTULUM AND MESODIVERTICULAR BAND.

Azwin Nur Khalip¹, Theebanraja R¹, Raveen K¹

1. Surgical Department, Hospital Tuanku Ampuan Najihah, Kuala Pilah

INTRODUCTION

Meckel's diverticulum is the common congenital anomaly in gastrointestinal tract, but it is the uncommon cause of volvulus adult population. It is more unusual for Meckel's diverticulum complicated by mesodiverticular band, which is the remnant of the vitelline artery results in volvulus with internal herniation leading to small bowel gangrene.

PRESENTATION OF CASE

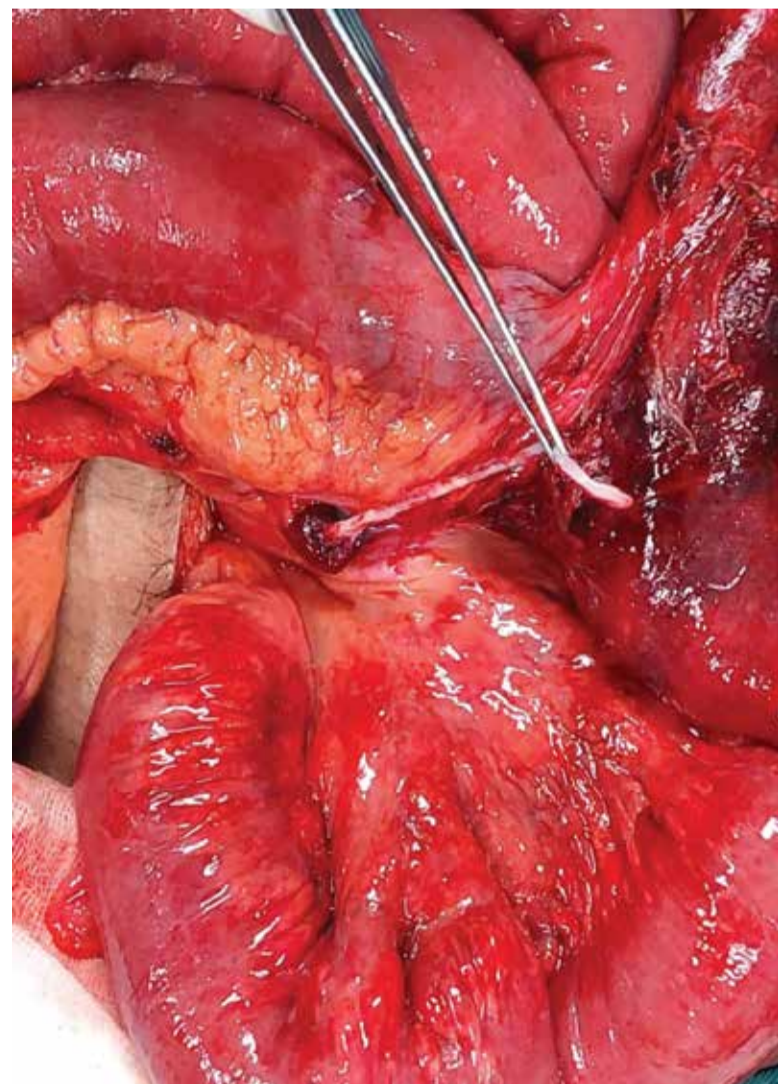
We present a case of 45 years old gentleman presented with acute onset of generalised abdominal pain associated with persistent vomiting and unable to pass motion for 1 day. He was hemodynamically stable and abdominal examination revealed generalised tenderness with guarding over the lower abdomen. Blood investigations results were within normal range. CECT abdomen showed transitional point at distal ileum suspicious of closed loop obstruction. Intraoperative findings revealed distal ileal volvulus with Meckel's diverticulum measuring 10 cm from antimesenteric border with width of 2cm. Adhesion band from Meckel's diverticulum to root of small bowel mesentery causing volvulus and internal herniation of distal ileum. Small bowel resection and primary anastomosis was done.

DISCUSSION

Meckel's diverticulum is a diverticulum caused by incomplete obliteration of vitelline (omphalomesenteric) duct during the 5th to 7th weeks of embryogenesis¹. It affects about 1-3% of the population² and majority of them are asymptomatic and incidentally discovered intraoperatively. Yet, Meckel's diverticulum is known to cause various complications including gastrointestinal hemorrhage, diverticulitis, perforation, bowel obstruction (14 to 40 % case of symptomatic Meckel's diverticulum in adult³) and internal herniation which is extremely rare. The case described above is presented acutely which vaguely suggestive of intestinal obstruction thus CT imaging is helpful in making a preoperative diagnosis plus the general condition of patient (tender and guarded abdomen) which led to the decision for surgery.

CONCLUSION

Meckel's diverticulum and its related complication should be considered in the diagnosis of cases of acute abdomen in adult. The failure to recognize at early stage might ends in more catastrophe ie morbidity and mortality.



REFERENCES

- 1 Col NT Sethi, Surg Lt Cdr A Chauhan, Capt S Tiwari. Meckel's Diverticulum with Mesodiverticular Band : An Unusual Presentation; a case report. MJAFI 2009; 65 : 75-76
- 2 Osman Erdogan, Ahmet Gokhan Saritas, Zafer Teke, Levent Bolat, Ishak Aydin. Intestinal obstruction caused by internal herniation as a complication of Meckel's diverticulum. Ege Journal of Medicine / Ege Tip Dergisi 2020; 59 (3): 226-231
- 3 Yang Chen, Yongzhi Liu, Lihui Jiang, Feng Jiang and Tieming Zhu. Axially torsional Meckel's diverticulum accompanied by small bowel volvulus: a case report. Journal of International Medical Research 49(10) 1-6 ! The Author(s) 2021. DOI: 10.1177/03000605211053554 journals.sagepub.com/home/imr
- 4 Abdulmalik Altaf, Hager Aref. A case report: Cecal volvulus caused by Meckel's diverticulum. International Journal of Surgery Case Reports. 2210-2612/© 2014 The Authors. Published by Elsevier Ltd. on behalf of Surgical Associates Ltd.