Meckel's Diverticulum Inversion and Intussusception: Laparoscopic Management of a Rare Case of Small Bowel Obstruction in a Teen

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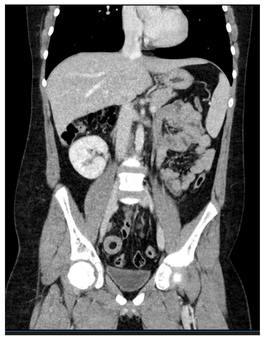
Introduction

- main symptoms associated with Meckel's diverticulum: GI bleed and less commonly intussusception, volvulus and diverticulitis
- Meckel's inversion typically requiring surgical intervention includes need fora formal bowel resection often via a laparotomy

- This case represents shows the ability to diagnose a Meckel's diverticulum as the lead point of intussusception and was later found to be inverted. Additionally, we were able to operatively reduce the bowel and do a Meckel's diverticulectomy without full bowel resection all in a laparoscopic manner.

HPI

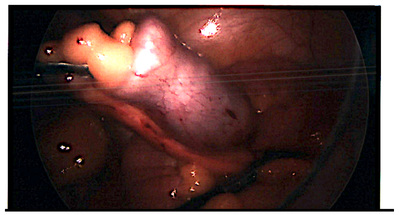
- 11-year-old male with a 2-day history of abdominal pain
- Hemodynamically stable
- Labs within normal limits
- CT scan (to right)
  - Concern for intussusception with possible Meckel's as a lead point
- Given persistent pain, decision made to proceed to OR



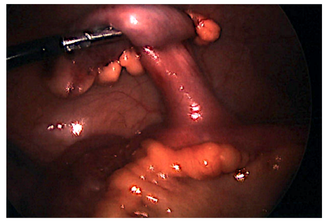


CT imaging: intussusception, concern for Meckel's as lead point





Meckel's after eversion with inflammation. Resolution of intussusception





Operation

- Standard appendectomy port-sites
- Able to reduce small bowel and evert Meckel's diverticulum
- Also did appendectomy

- Pathology: a normal appendix and a Meckel's diverticulum line by small intestines and gastric oxyntic mucosal tissue with acute inflammation

Conclusions

- Meckel's diverticulum can present as inverted and be a lead point of intussusception
- These cases can be managed completely laparoscopically with eversion and diverticulectomy
- Formal bowel resection is not always required
- Consideration of appendectomy at same time to aid in future diagnostic confusion