AN UNUSUAL CASE OF MASSIVE LOWER GASTROINTESTINAL BLEEDING: MECKEL'S DIVERTICULUM

Anna Bondonese, BS; Beverly Hersh, MD; Alexandra Falvo, MD, FACS; Mark E Mahan, DO; Vladan Obradovic, MD; Ryan Horsley, DO, FACOS, FASMBS
Geisinger Community Medical Center, Scranton, PA

Introduction:

Massive gastrointestinal bleeding is treated by:

- **Resuscitation** and an algorithm that provides the best chance for **localization** of bleeding [1]:
  - Upper Endoscopy
  - Colonoscopy
  - IR localization

If **no source** is found the next step is:

- Exploratory laparotomy.

A **complication** due to a Meckel's in adults is rare, about **4%** of those who have it.

Of those who are symptomatic, **bleeding** is often **(~50%)** the inaugural symptom[2].

Purpose:

We present an interesting case where **diagnostic laparoscopy** was successful in **identifying and treating** massive gastrointestinal bleeding from a Meckel's Diverticulum[3] without the need for exploratory laparotomy.

Geisinger

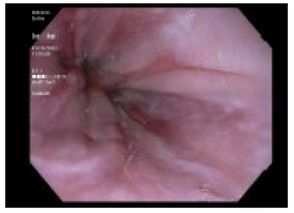
Geisinger Minimally Invasive Surgery

Case Report:

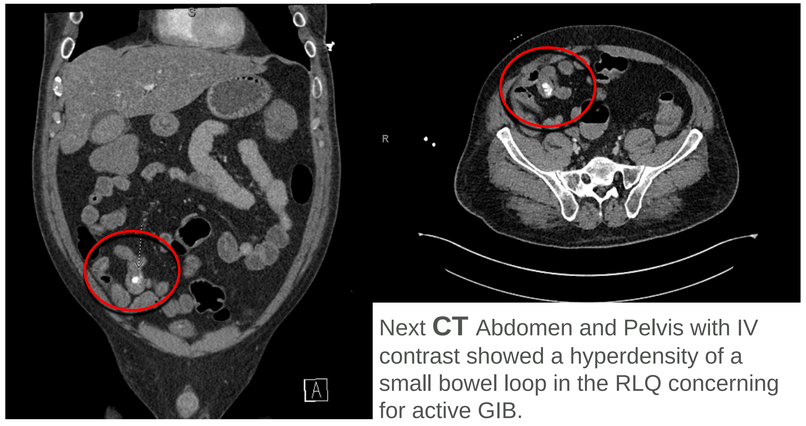
33-year-old man

- **History** of:
  - pituitary adenoma,
  - parafalcine meningioma planned for craniotomy and resection.
- **Presented** with:
  - hematochezia and acute blood loss anemia not responsive to blood products.

Upper GI Endoscopy was done first and showed esophagitis without active bleeding.

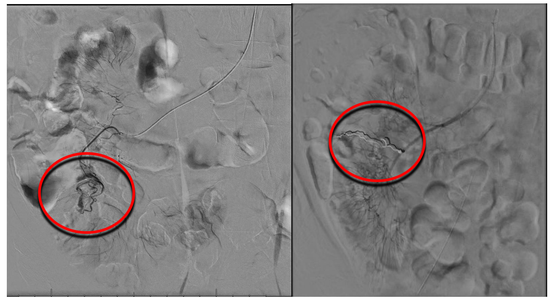


Gastroesophageal Junction : Esophagitis

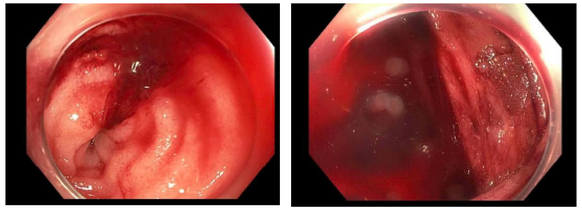


Next **CT** Abdomen and Pelvis with IV contrast showed a hyperdensity of a small bowel loop in the RLQ concerning for active GIB.

IR, as a next step, identified an active bleed of the ileocolic artery which was embolized, however patient continued to bleed



Colonoscopy – showed blood in the terminal ileum/cecum without identifiable source.



Terminal ileum Cecum

Diagnostic laparoscopy ultimately identified an actively bleeding Meckel's Diverticulum which was resected, with resolution of GI bleed.

Conclusion:

Minimally invasive surgery is feasible, prior to exploratory laparotomy, in the algorithm of a patient with massive lower GIB.

References:

1) Strate LL, Gralnek IM. ACG Clinical Guideline: Management of Patients With Acute Lower Gastrointestinal Bleeding:. Am J Gastroenterol. 2016; doi:10.1038/ajg.2016.41
2) Lequet J, Menahem B, Alves A, Fohlen A, Mulliri A. Meckel's diverticulum in the adult. *J Visc Surg*. 2017; doi:10.1016/j.jviscsurg.2017.06.006
3) Sanders LE. Laparoscopic treatment of Meckel's diverticulum. Obstruction and bleeding managed with minimal morbidity. Surg Endosc.1995; doi:10.1007/BF00187950