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Enterolithiasis: An unusual presentation of Meckel's Diverticulum - A Case Report.

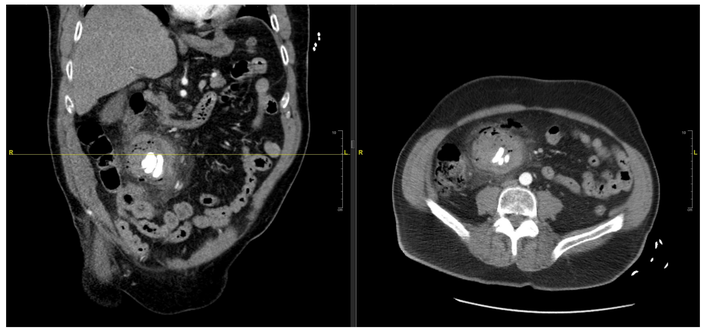
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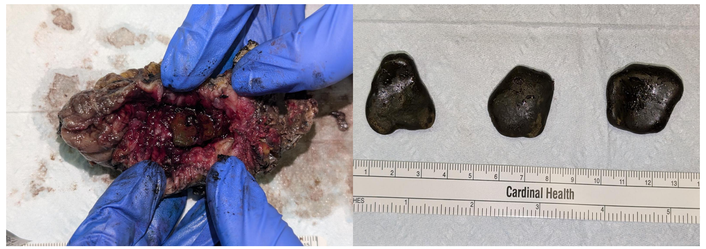
INTRODUCTION

Meckel's Diverticulum results from the incomplete obliteration of the vitelline duct. Up to 95% of the cases are asymptomatic but complications might represent a diagnostic and therapeutic challenge to the clinician. The case of a patient with an acute abdomen secondary to a perforated Meckel's diverticulum and enterolithiasis is presented.

CASE PRESENTATION

67-year-old male patient was evaluated for acute abdominal pain, fever, nausea and vomiting. On exam pain localized to right lower quadrant with positive rebound. On CT-scan there was bowel loop dilation with stranding, free localized air and a hyperdense structures concerning for lithiasis of unclear origin. On exploratory laparoscopy an abscessed perforated Meckel's diverticulum associated with pigmented stones was encountered. Laparoscopic small bowel resection, abscess drainage and abdominal washout was performed.





DISCUSSION

The formation of enterocoliths is the result of prolonged stasis, narrow neck of the diverticulum, chronic inflammation and/or the presence of ectopic mucosa. This presentation is more frequent in adult patients. Clinically, it can mimic other causes of acute abdomen making the preoperative diagnosis a challenge. Despite the availability of diagnostic tools, many cases are diagnosed during surgery. The prognosis largely depends on prompt clinical diagnosis and intervention.

CONCLUSION

Bowel perforation due to enterolithiasis associated to Meckel diverticulum is a rare clinical condition. The recognition of a clinical surgical abdomen is critical in the management and prognosis of patients with complicated Meckel's diverticulum.

BIBLIOGRAPHY

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