

A Big Problem from a Small Source: A Case of Adult Meckel's Diverticulitis.

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Introduction

- Meckel's diverticulum is the most common congenital gastrointestinal anomaly, with a wide array of symptoms, affecting 1-2% of the population.
- It is often associated with pediatric patients; however, while less commonly reported, Meckel's diverticulum can also arise in adulthood.

Surgery Overview

- Diagnostic laparoscopy with lysis of adhesions
- Diverticulum with dilated tip noted in mesentery 100cm from ileocecal valve
- Proximal and distal transections with Endo-GIA, small bowel anastomosis with third Endo-GIA load, reinforced with 2-layer closure using 2-0 Quill sutures
- Patency demonstrated with ICG

Discussion

- Traditionally, Meckel's presents in children as painless rectal bleeding or intestinal obstruction.
- The adult presentation of Meckel's diverticulum is more variable, ranging from diverticulitis (the most frequently-reported adult symptom) to a complete lack of symptoms altogether.
- Symptomatic adults are managed with diverticulectomy (robotic, laparoscopic, or open), with pathology often reporting ectopic mucosa in the diverticulum.
- However, there remains debate over the management of asymptomatic patients, with a push for individualized treatment plans based on the patient's specific history to obtain a risk-benefit analysis for surgery.

Case Presentation

- A 31-year-old female presented to the ED with sudden-onset epigastric pain, found to have Meckel's diverticulitis with abscess, admitted for pain management.
- Followed outpatient, returned for elective resection.
- PMHx: Ectopic pregnancy
- PSHx: Diagnostic laparoscopy, right salpingectomy (6 years prior to presentation)



Figure 1: CTAP demonstrating likely Meckel's diverticulum arising upon distal ileum, with surrounding inflammatory change (red arrow).

Sources

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