Atypical presentation of a Meckel’s diverticulum

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DESCRIPTION
A 36-year-old man presented with a 3-day history of right loin to groin colicky pain. He reported anorexia but had no urinary symptoms, no nausea and no vomiting. He had no medical history and no drug history of note. On examination, he was afebrile with normal vital signs. His abdomen was soft and non-tender, and he had normal external genitalia. His urine dipstick showed 3+ of blood. His white cell count was 3.6 (range 3.5–11) × 10⁹/L, he had a C reactive protein of 49 mg/L (normal <7 mg/L), and urea and creatinine of 7.2 (range 2.5–7.1) mmol/L and 225 (44–120) μmol/L, respectively. The working diagnosis was renal calculi.

A CT scan of the abdomen and pelvis (figure 1) was performed, which revealed a 5 cm gas and fluid-containing lesion with enteroliths in a Meckel’s diverticulum, directly anterior to a loop of terminal ileum lying inferior to the caecal pole.

A diagnostic laparoscopy established the diagnosis of a large Meckel’s diverticulum (figure 2), which was resected using an endoscopic stapling device, as previously reported.1 2 The histological examination confirmed three layers of small intestine consistent with a Meckel’s diverticulum—with no evidence of dysplasia or malignancy—containing multiple enteroliths. The patient made a successful postoperative recovery with his renal function returning to normal.

Meckel’s diverticulum is a congenital abnormality of the small bowel occurring in approximately 2% of the population, and commonly presents with gastrointestinal bleeding, bowel obstruction, perforation and intussusception.3 In our case, however, the presentation was loin to groin pain.

Learning points
► Use of appropriate investigations to confirm the diagnosis and for surgical planning is very important.
► Safe management of a large Meckel’s diverticulum is performed using laparoscopic resection.

REFERENCES