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A rare complication of Meckel's diverticulum causing confusion to clinical diagnosis - A case report

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Introduction: Meckel's diverticulum is the congenital remnant of the vitello intestinal duct which follows the rule of 2's (2 feet from the ileocecal valve, 2% of the population and 2 inches in length) and is rarely considered as the first differential diagnosis in a patient with right iliac fossa pain. We present a young adult with right iliac fossa pain who fit the profile of appendicitis clinically but was noted intraoperatively to have perforation at the Meckel's diverticulum with a fish bone which is a rare phenomenon.

Case Presentation: A 34-year-old Italian man presented with acute onset lower abdominal pain more pronounced on the right. He had no significant past medical or surgical history. His clinical examination was consistent with appendicitis. A CT scan was done prior to proceeding for surgery which demonstrated a possible foreign body in the terminal ileum eroding through the wall of the bowel. He was taken to theatre with the option of an appendicectomy and possible small bowel resection. His appendix was found to be normal in appearance. An inflamed Meckel's diverticulum that had been perforated by a fish bone was identified as the cause of the abdominal pain. A Meckel's diverticulectomy was performed. Our patient made an uneventful recovery and was discharged after two days.

Conclusions: In spite of the rarity of Meckel's diverticulum in patient population, it should be considered as one of the possible working diagnosis and is always a good clinical practice to look for the same intraoperatively when performing appendicectomy, particularly when the appendix appears normal. Preoperative imaging with CT scan should be considered if there is a clinical suspicion for Meckel's diverticulitis or one of its complications.

Biography

Rajkumar S Srinivasan is a Surgical Trainee from the Canberra Hospital, Australia. He completed Medical Schooling from India and underwent Surgical Training in the United States prior to moving to Australia for further training. He has published and presented surgical cases in various national and international conferences regularly.

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