

PERFORATED MECKEL'S DIVERTICULUM: COMMON YET EASILY MISSED DIAGNOSIS

Dr.S.Katiravan ¹,Dr.Moses Wong ², Dr.Angelina ³, Ms Nithya ⁴, Ms Aini ⁵, Ms Hazlina ⁶
Hospital Keningau, Sabah & Sabah Women And Children Hospital

Abstract

Introduction: Meckel diverticulum commonly follow 'rule of 2s' as it occurs in 2% of population, usually discovered before 2 years of age, situated within 2 feet of ileocecal valve, 2 inches in length and 2 cm in diameter.

Case Description: A 4-year-old boy, presented with abdominal pain initial over epigastric region then generalised with abdominal distension for 3 days, associated with fuculent vomitus, fever, lethargy and unable to tolerate feeding. He still passes motion and denied loose stool, per rectal bleed or red jelly like stool. On assessment, child was lethargic looking severely dehydrated and tachycardic. Abdomen was distended but soft and no sign peritonitism. The remainder of his physical examination and blood investigation unremarkable. Abdominal x ray revealed small bowel dilatation and absence of rectal gas. Ultrasound suggestive of ileocolic intussusception. Child was later subjected for Laporatomy, intra operative perforated meckels diverticulum at narrow base with band causing close loop obstruction, proximal to the band bowel dilated and distally collapsed with no intussusception.

Discussion: This case study reported may favor few differential diagnoses such acute gastroenteritis and perforate appendicitis are common and can be presented with ileus however multiple episode of fuculent vomitus with no abdominal tenderness, no raise inflammatory marker does not favor and signify there is distal obstruction whereby abdomen xray shows dilated small bowel with ultrasound assessment suggestive for intussusception. Upon proceeding laparotomy reveals Perforated Meckels with adhesion band causing intestinal obstruction which explains patient symptoms and finding however was not suspected preoperatively. Thus to raise clinical suspicion preoperatively in patient presented with intra-abdominal symptoms and understand various complication of Meckel Diverticulum which is common but easily missed.

Conclusion: Therefore high clinical index suspicion for Meckel diverticulum must be made as it can mimics other intra abdominal pathology and its common in paediatric age group.