

Meckel's Diverticulum Induced Intestinal Infarction: An Unexpected Diagnosis Case Report and Overview of Literature

Francesco Moroni, Alessandra Gosmar, Stefano Cantafio and Alessio Giordano*

Surgery Department, Santo Stefano Hospital, ASL Toscana Centro, Via di Suor Niccolina Infermiera 20, Prato, Italy

*Corresponding author: Alessio Giordano, Surgery Department, Santo Stefano Hospital, ASL Toscana Centro, via di Suor Niccolina Infermiera 20, 59100 Prato, Italy. E-mail: alessio.giordano8@gmail.com

Received: January 28, 2023; Accepted: February 07, 2023; Published: February 15, 2023



Figure 1: The arrow indicates Meckel's diverticulum which creates a real pivot on which an ileal loop rotates 360° causing volvulus and consequent ischemia.



Figure 2: The volvulus is freed and the necrotic portion of the intestine will be resected.

Clinical Image

A 36-year-old man presented to our Emergency Department for severe abdominal pain appeared in the last 6-7 hours associated with some episodes of vomiting. The patient had no medical and surgical history. On physical examination, there was a flat, not manageable, painful, and tender abdomen and positive Blumberg's sign diffusely. Blood tests showed a modest neutrophilic leukocytosis but with a marked increase in inflammation indexes (CRP 37mg/dl). The patient underwent contrast-enhanced abdominal CT showing suspected ileal volvulus without fully identifying the cause. There was also a fair amount of free fluid in the major abdominal recesses.

We decided to perform an emergency diagnostic exploratory laparoscopy with evidence of hemorrhagic infarction of the ileal loops and free blood in the abdominal cavity. However, even in this case without being able to identify the cause for the excessive distension of the intestinal loops. The patient then underwent a mini laparotomy, and the result was unexpected: the girdele strangling the mesentery and causing the infarction of about 15cm of ileum was caused by a Meckel's diverticulum. (Figure 1 and 2) It is in fact a very rare cause of intestinal obstruction (0.2% of the total of cases) even determining a serious complication such as strangulation of the mesentery. The patient was therefore subjected to resection of the necrotic intestinal loop and removal of the diverticulum. The patient was discharged on the fifth postoperative day and not presented complication at discharge and subsequent follow-up at 7 and 30 days.