

Case	(050) The rare condition causes confusion
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## CASE PRESENTATION

A 67-year-old male, cholecystectomized, is attended by the emergency department due to 24 hours of abdominal pain and a fever of 38.5°C. He denies nausea, vomiting or diarrhea. On examination, there is a painful abdomen on palpation in the right hypochondrium, with signs of peritoneal irritation. No masses can be felt, no organomegaly.

Doubtful Murphy / Blumberg signs. In the analytical, increase of CRP, total bilirubin, LDH, leukocytosis and neutrophilia. Abdominal ultrasound is requested due to the suspicion of acute cholangitis that is completed with CT, where a tubular structure of 3 cm in length is observed, dependent on the ileal loop on the right flank, with an increased diameter of 11 mm, parietal enhancement and trabeculation of fat locoregional, findings suggestive of Meckel's diverticulitis.

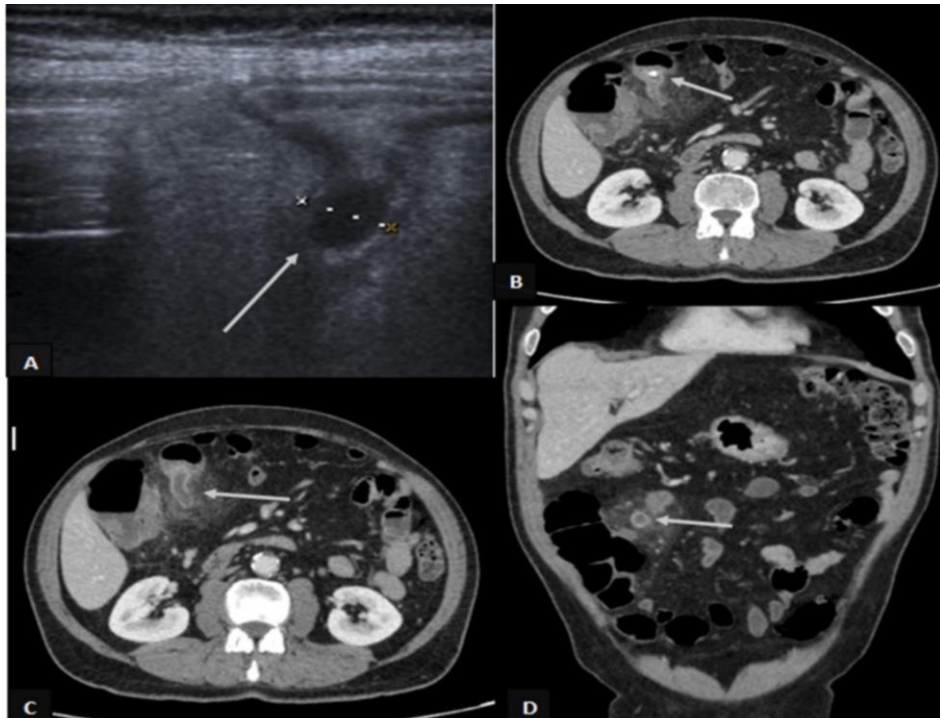
An appendicolith is visualized in the lumen of the proximal portion of the diverticulum. Cecal appendix and terminal ileum of normal appearance. Given the findings, urgent surgery was decided where the findings were confirmed.

## DISCUSSION

Meckel's diverticulitis is the inflammation of Meckel's diverticulum, which is the most common congenital structural abnormality of the gastrointestinal tract. It is the result of an incomplete obliteration of the vitelline duct that leads to the formation of a true diverticulum of the small intestine. Meckel's diverticulum are infrequent (approximately 2% of the adult population) and often clinically silent, and are therefore an uncommon cause of acute abdomen. It is estimated that 4% will become symptomatic, due to pain, bleeding or signs of obstruction.

## CONCLUSION

Meckel's diverticulitis is a rare pathology, difficult to diagnose, and it needs to be included in the differential diagnosis of symptoms with abdominal pain, bleeding or signs of obstruction in young middle-aged men, once the most frequent diagnoses have been ruled out.



**A)** Abdominal ultrasound: originating in an ileal loop, a tubular hypoechoic structure compatible with Meckel's diverticulum is identified. It shows dedifferentiation of its layered structure and hyperechogenicity of adjacent fat. **B)** Appendicolite is visualized in the lumen of the proximal portion of the diverticulum. **C)** Tubular structure 3 cm long, dependent on ileal loop, with increased diameter, mural enhancement and trabeculation of fat compatible with Meckel diverticulitis. **D)** Coronal plane, cross section showing thickening and mural enhancement of Meckel's diverticulum.

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