



Inverted Meckel's Diverticulum: An Unusual Cause of Gastrointestinal Bleeding

Clara Fernández Fernández, Alejandro Manrique Municio, Iago Justo Alonso, Alba Berzal González-Mendiondo and Alberto Marcacuzco Quinto*

Department of General Surgery and Abdominal Organ Transplantation Unit, "University Hospital 12 de Octubre, Complutense University, Spain

Clinical Image

Meckel's diverticulum constitutes the most frequent gastrointestinal congenital defect, with a prevalence of up to 4.5% [1], often diagnosed incidentally [1,2]. It is derived from the inadequate obliteration of the omphalomesenteric duct [1-3], including heterotopic tissue usually of gastric (50%) or pancreatic (5%) origin [3]. We report the case of a 55-year-old female patient admitted to the Gastroenterology Department for upper digestive tract hemorrhage. Gastroscopy and colonoscopy resulted normal, and tagged red blood cell scan did not identify active gastrointestinal bleeding. A double-balloon enteroscopy evidenced a pedunculate lesion in the ileum (Figure 1), and CT scan revealed a polypoid-like filling defect in the small bowel lumen (Figure 2). Patient underwent an exploratory laparoscopy, observing an intraluminal polyp in the distal ileum; therefore a segmental bowel resection was performed. The anatomopathological examination revealed inverted Meckel's diverticulum with presence of ectopic pancreas. According to literature, Meckel's diverticulum may require surgical management in the event of complications or risk factors [1-3].

Keywords: Meckel's diverticulum; Gastrointestinal bleeding; CT

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*Correspondence:

Alberto Marcacuzco Quinto,
Department of General Surgery and
Abdominal Organ Transplantation Unit,
"University Hospital 12 de Octubre, 4ª
Planta. Ctra. 28041-Madrid, Spain, Tel:
+91-3908294; Fax: +91-519271;
E-mail: alejandro_mq@yahoo.es

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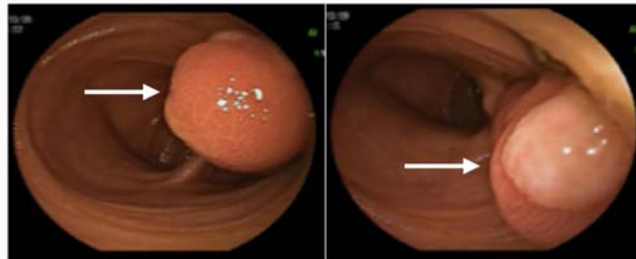


Figure 1: Double-balloon enteroscopy evidenced a pedunculate lesion in the ileum (arrow).

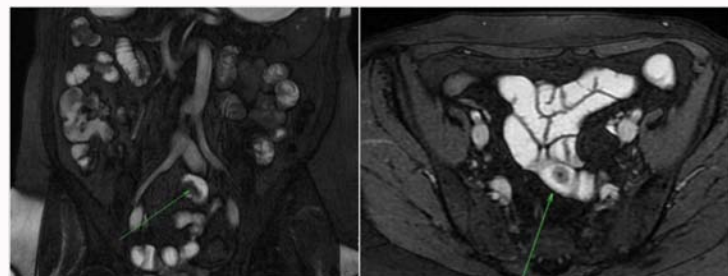


Figure 2: CT scan revealed a polypoid-like filling defect in the small bowel lumen (arrow).

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