



Image Article

Coexistence of Acute Appendicitis and Meckel's Diverticulitis

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Meckel's diverticulum (MD) is the most prevalent development of the Gastrointestinal (GI) tract and results from an incomplete vitelline canal. MD comes from the antimesenteric border of terminal ileum in the axis and

continuity of the superior mesenteric artery. The incidence is around 1-3% of the general population and the life span risk of related complication is estimated around 4%. [1], including diverticulitis, perforation, bleeding and bowel obstruction [2]. Diagnosis of Meckel's diverticulum may be challenging due to its asymptomatic throughout the patient's lifetime and is often found incidentally by imaging, during endoscopy, or at the time of surgery unrelated to MD [3].

We report a 39 year old male patient and suffered from right lower quadrant pain for one day. Laboratory data showed mild leukocytosis (WBC: 12000/ μ l) and computer tomography confirmed the diagnosis of acute appendicitis. Laparoscopic appendectomy was arranged immediately. During the operation, acute appendicitis was found and resected soon (Figure 1) and otherwise one blind end small bowel segment adhesion to lower abdominal wall (Figure 2) also noted. After meticulously dissection, the inflammatory blind end small bowel segment was relieved (Figure 3) and resected by Autosuture (Figure 4). The patient recovered smoothly after surgery and discharged 3 days later and the final pathology confirmed the diagnosis of acute appendicitis and Meckel's diverticulitis at the bowel end.

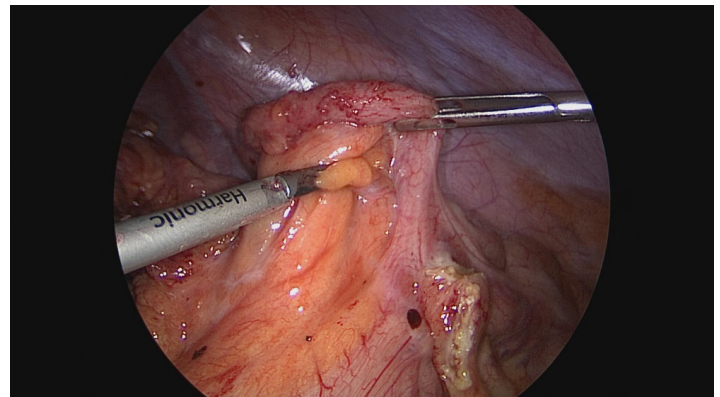


Figure 1: One hyperemic appendix with tip enlarged is found and then we dissected and resected it smoothly.

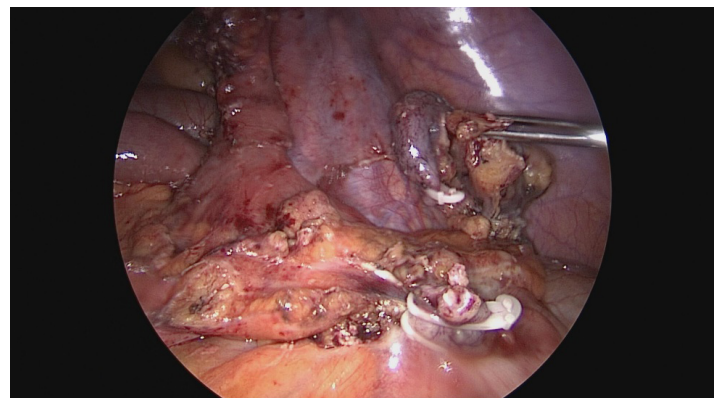


Figure 2: One blind end small bowel segment adhesion to lower abdomen is noted while appendectomy.

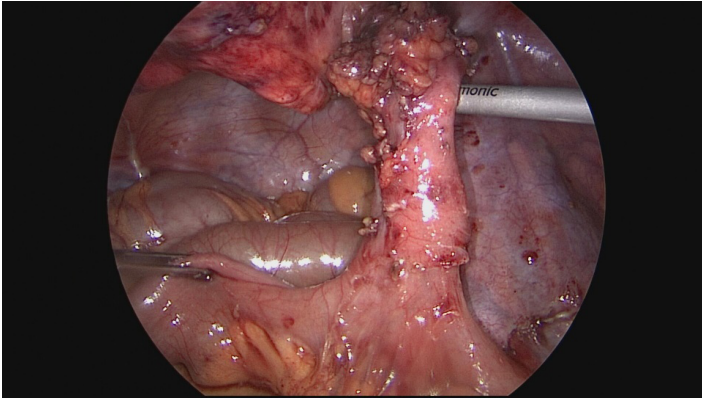


Figure 3: After meticulously dissection, severe inflammation and adhesion over the bowel end is noted. Then we dissect it from abdomen wall smoothly without bowel perforation and Meckel's diverticulitis is confirmed.

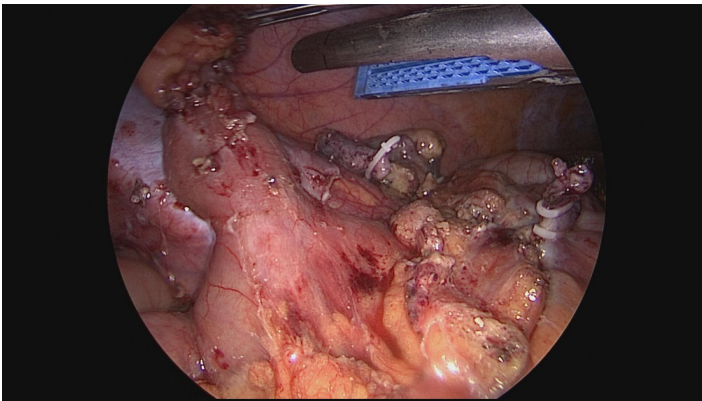


Figure 4: The Meckel's diverticulum is transected by autosuture and removed with appendix during operation.

Reference

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