



Intestinal Intussusception in an Adults Due To Meckel's Diverticulum: a Case Report

Cengiz Ara*, Latif Kahraman*, Sacit Çoban*, Dinçer Özgör*

*Inonu University Medical School, General Surgery Department, Malatya, TURKEY

Intussusceptions due to an inverted Meckel's diverticulum are considered as a rare condition. We present a case of 83 year-old male with intestinal obstruction due to an inverted Meckel's diverticulum at the base of ileoileal intussusceptions. Ileal strangulation may occur due to intussusception of a Meckel's diverticulum. Hence the clinician should be aware of this possibility and diagnose more quickly to avoid unnecessary bowel resection.

Key Words: Intussusceptions, Meckel's Diverticulum, Obstruction, Adult

Erişkinlerde Meckel Divertikülüne Bağlı İntussusepsiyon : Olgu Sunumu

İnverte olmuş Meckel divertikülüne bağlı intussusepsiyonlar nadir durumlardır. İleoileal intussusepsiyonlarda inverte olmuş Meckel divertikülüne bağlı intestinal obstrüksiyon gelişmiş 83 yaşında bir erkek hastayı sunmaktayız. Meckel divertikülü intussusepsiyonlar, akut obstrüksiyona bağlı ileal strangülasyona neden olabilir. Bundan dolayı gereksiz bağırsak rezeksiyonundan kaçınmak için erken tanı konulmalıdır.

Anahtar Kelimeler: Intussusepsiyon, Meckel Divertikülü, Obstrüksiyon, Erişkin

Intussusception remains a rare condition in adults, representing 1% to 3% of bowel obstructions^{1, 2} and it is a different entity in adults than in children. In adults, a diagnosis of intussusception is difficult in many cases and the correct diagnosis is usually made after laparotomy.¹ Intussusception in the adult patient often presents as vague, cramp abdominal pain that is chronic in nature, and in many cases it may lead to obstructive signs and symptoms.³

Herein we present the diagnosis and the treatment of an adult patient with intussusception secondary to an inverted Meckel's diverticulum.

CASE REPORT

A 83 year old male presented with 48 hour history of abdominal pain, nausea and vomiting. On his physical examination there were abdominal tenderness, rebound and increased bowel sounds. Rectal examination was normal with a negative hemacult test stool. Abdominal computed tomography showed the characteristic target lesion in the left lower quadrant, indicating an intussusception.

During the operation, patient was found to have an ileoileal intussusception due to Meckel's diverticulum (Fig.1,2).The intussusception was reduced manually. Partial resection of the ileum and end to end anastomosis was performed.

Medical therapy was prescribed due to pulmonary infection for 10 days. Except the chest infection, post-operative course was uneventful and the patient was discharged on the post-operative day 16.

DISCUSSION

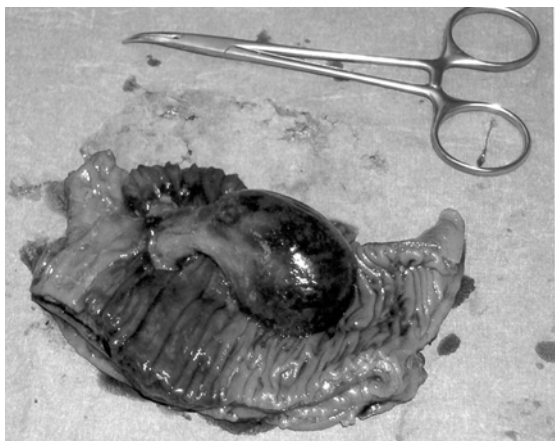
The nature of the invagination varies greatly. In small intestine there is a predominance of benign processes and a 90 % of them include polyps,⁴⁻⁶ tuberculosis,⁷ inverted Meckel's diverticulum⁸ and adhesions. In the present case the

cause of intussusception was Meckel's diverticulum.

Figure 1. At the operation ileoileal intussusception was seen.



Figure 2. At the operation Meckel's diverticulum was seen At the operation.



The diagnosis of intussusception in adults can be difficult preoperatively. In adults one of the most important complications is small bowel obstruction.⁹ In our case, small bowel obstruction was present on plain abdominal graphy as the previous reported cases. Ultrasonography has been used to evaluate suspected intussusception in adults¹⁰ On CT, an intussusception appears as a 'target lesion' bowel within bowel with or without contained fat and mesenteric vessels.¹¹ In our case CT was performed and CT confirmed diagnosis. It therefore appears that the CT scan is very useful and simplifies making the diagnosis. The optimal treatment of adult intussusception is not universally agreed open. All authors agree that laparotomy is mandatory, in view of the likelihood of identifying a pathologic lesion. Most authors recommend a segmental small bowel resection of the invaginated part as surgical treatment of the intussusception.¹² In case of intussusception due to Meckel's diverticulum surgical treatment

choice should be resection of a small bowel including Meckel's diverticulum.¹³ In the present case, Meckel's diverticulum should be resected together with a small segment of ileum as in literature. In conclusion, intussusceptions of a Meckel's diverticulum might cause ileal strangulation because of acute obstruction. The clinician should be aware of this possibility and diagnose more quickly to avoid unnecessary bowel resection. In cases of early and unstrangulated patients a wedge resection of diverticulum will be appropriate.

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Corresponding Author:

Cengiz ARA, M.D.
 Inonu Universitesi
 Turgut Ozal Tip Merkezi Genel Cerrahi AD
 Malatya 44069 TURKEY
 E-mail : cara@inonu.edu.tr
 Fax: : +90 422 341 0728