

## Introduction

Meckel's diverticulum is a gastrointestinal congenital malformation that results due to persistence of the vitelline duct, and is commonly diagnosed in children before the age of two. Rarely, symptomatic Meckel's diverticulum can present in adults, as in this case with recurrent gastrointestinal bleeding.

## Past Medical History

- Iron deficiency anemia
- Hypothyroidism
- Hyperlipidemia
- Post traumatic stress disorder
- Insomnia
- Depression

## Home Medications

- Clonazepam 0.5mg prn
- Fluoxetine 40mg daily
- Lurasidone 40mg daily
- Prazosin 3mg nightly
- Trazadone 25mg prn
- Simvastatin 20mg nightly

## Social History

- Former tobacco use, quit over 30 years ago
- Alcohol socially

## Family History

- Mother with pancreatic cancer

## Case Presentation

A 51-year-old male with a history of iron deficiency anemia presented to the hospital with hematochezia associated with mild epigastric tenderness. He had a similar presentation one year ago with unrevealing EGD, colonoscopy, and video capsule endoscopy. Three months ago, repeat colonoscopy was notable for a single nonbleeding diverticulum in the terminal ileum and outpatient double balloon endoscopy was recommended, however not yet done due to current hospitalization. He presented with tachycardia and hypotension as well as a hemoglobin 10.6g/dL (previously 11.4g/dL few weeks prior) and mildly elevated BUN. CT abdomen and pelvis was negative for any active bleeding. Repeat EGD and colonoscopy was unremarkable except for blood-tinged fluid interspersed in the colon but again the source of bleeding remained obscure. Given the history of a previous finding of a terminal ileum diverticulum and persistence of hematochezia, a Meckel's scan was performed revealing abnormal uptake in the right mid to lower abdomen suspicious for Meckel's diverticulum containing ectopic gastric mucosa (Figure 1). Patient was taken to the operation room; a large Meckel's diverticulum was noted at approximately two feet proximal to the ileo-cecal valve along with hemorrhagic inflammatory changes within the local mesentery. Patient underwent partial small bowel resection and appendectomy with pathology revealing a Meckel's diverticulum of the ileum with gastric heterotopia. Patient had an uncomplicated recovery postoperatively along with resolution of hematochezia.

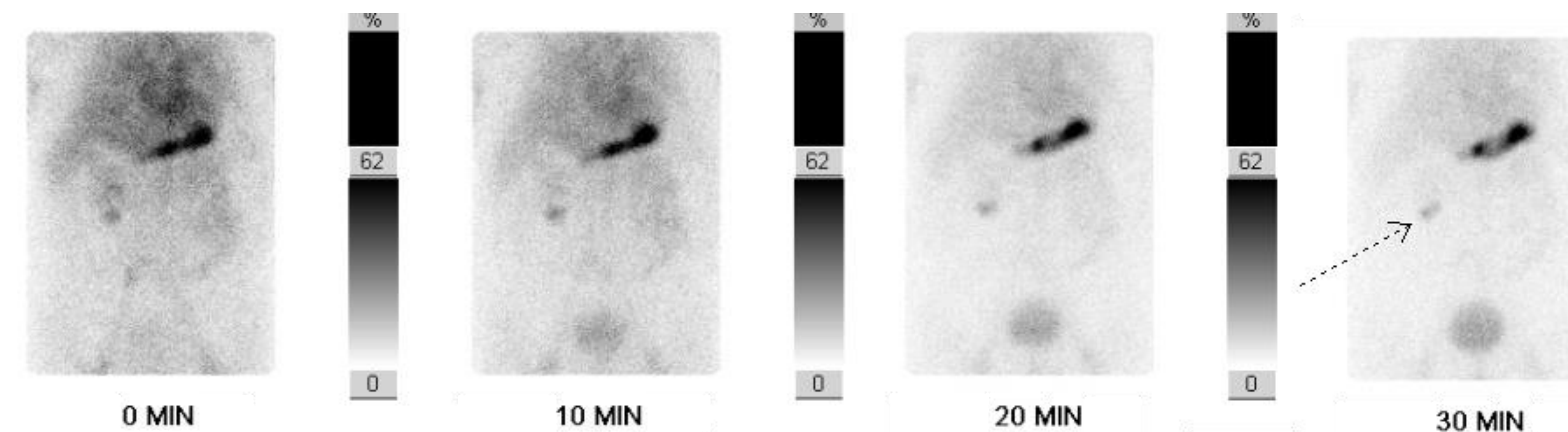


Figure 1. Meckel's scan revealing abnormal uptake (arrow) in the right mid to lower abdomen

## Vitals

98.2 F | 101bpm | 14 breaths/min  
121/79 mmHg | 94% O<sub>2</sub> on room air

## Laboratory Findings

9.5	10.6	276	137	107	27	122
	33		4	21.6	1.0	

## Imaging

- CT abdomen/pelvis with and without contrast
- No active GI bleeding
  - No acute abnormalities
  - Hepatic steatosis

## Discussion

A finding of Meckel's diverticulum is common in the pediatric population; however, it is a rare diagnosis in adults.

This case highlights the importance of considering Meckel's diverticulum for instances of recurrent gastrointestinal bleeding, especially in patients who are still symptomatic despite an extensive workup.

It is also important to notice that Meckel's diverticulum can be missed on video capsule study.

## Contact

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