

Don't Get "2" Comfortable: A Rare Case of Meckel's Diverticulum Causing Hemorrhagic Shock In An Adult

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INTRODUCTION

- Meckel's diverticulum (MD) is a true diverticulum that results from incomplete obliteration from the vitelline duct
- "The Rule of 2's:" 2% of the population, 2 inches long, within 2 feet from the ileocecal valve, twice as common in males, most present before 2 years old
- We present a case of a patient whose MD remained elusive for several days despite extensive evaluation

CASE PRESENTATION

- 25-year-old man with no significant past medical history presented to the ED with recurrent syncope and bloody bowel movements
- Given unremarkable labs in the ER, the patient was discharged with antibiotics for presumed infectious diarrhea
- He returned to the ED the next day and was admitted with persistent hematochezia and new anemia (Hgb 10 g/dL)
- Upper endoscopy, four colonoscopies, three CT angiograms of the abdomen and pelvis, and a video capsule endoscopy were all unrevealing of an etiology
- The third colonoscopy revealed stigmata of recent bleeding in the distal transverse colon thought to be from a Dieulafoy's lesion; four hemostatic clips were placed
- He continued to bleed and developed hemorrhagic shock requiring 21 units of packed RBCs, 7 units of FFP, and 1 unit of platelets

FIGURES



Figure 1: Tortuous ileal artery branch with active extravasation, hemostatic clips from prior colonoscopy also visualized



Figure 2: Blind-ending gas-filled tubular structure from ileum, consistent with MD



Figure 3: Small bowel containing MD

MANAGEMENT

- The patient then underwent two separate angiograms with interventional radiology (IR)
- The first angiogram was unrevealing, the second showed a tortuous ileal artery with extravasation that was embolized
- Given IR findings, a Meckel's scan was performed, but was negative
- A multi-disciplinary review prompted further review of prior CT angiograms and a potential finding of MD was seen at the distal ileum
- Patient underwent surgery where they found and resected a segment of small bowel containing a MD

DISCUSSION

- Meckel's scan is the gold standard for diagnosing MD in children, however, diagnostic accuracy is thought to be lower in adults
- The typical approach to GI bleeding via upper endoscopy, colonoscopy, capsule endoscopy, CT and procedural angiography may be negative, as seen in our case
- Balloon assisted enteroscopy may be another potentially useful tool for diagnosing MD

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