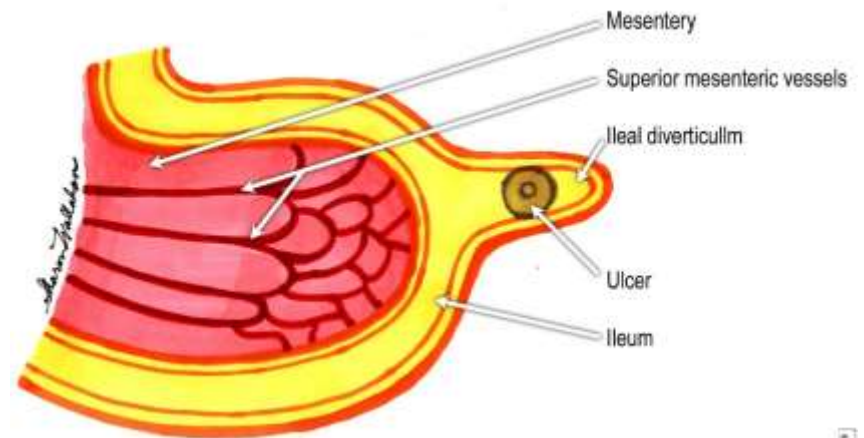


Meckel's Diverticulum

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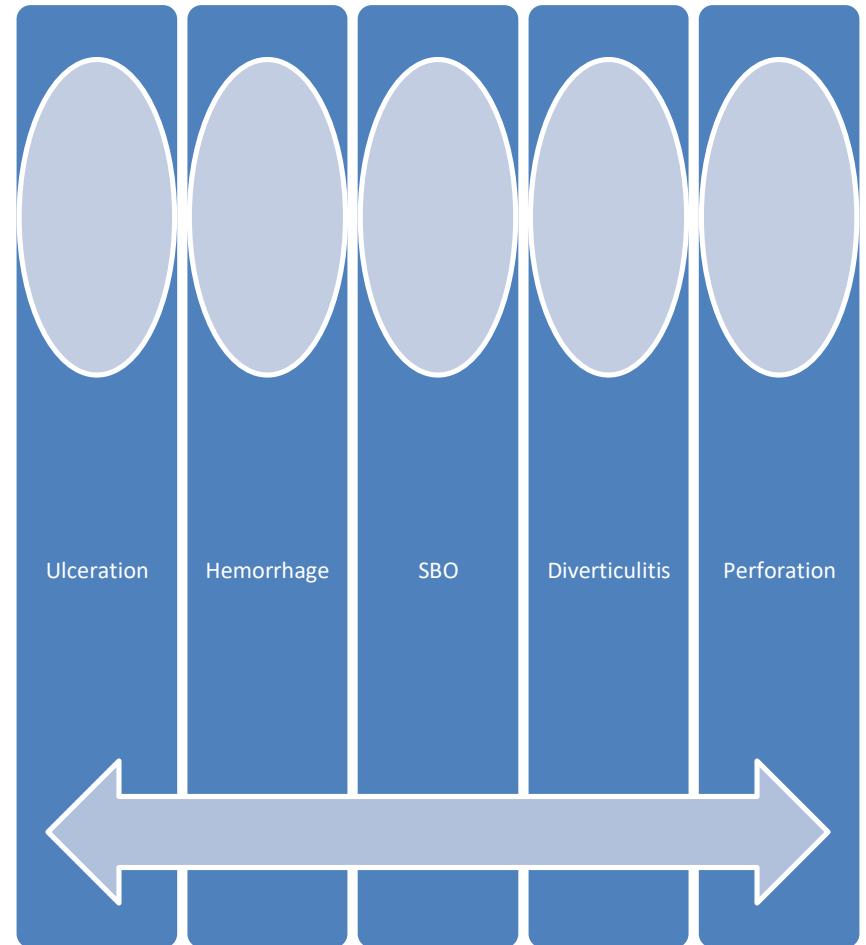
Introduction

- vestigial remnant of vitellointestinal duct
- Congenital anomaly
- True diverticulum
- Ranges from 1-12cm in length & 45-90cm from ileocecal valve
- Hypertrophic tissue
- Gastric mucosa in 50%
- 2% of population
- Male : female is 3: 1
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Introduction

- Commonly incidental finding
- May present as life threatening condition
- Risk of complications is 4-25%



Hemorrhage

- Most common complication
- 20-30% of all
- More in children under 2 yrs. & males
- May be abdominal pain & tenderness



Intestinal Obstruction

- 20-25%
- Diagnosis may not be established preoperatively
- When incarcerated in an inguinal hernia, a Meckel diverticulum is called a Litré hernia.
- Abd. Pain, vomiting & Constipation
- intussusception- palpable lump& current jelly stool
- Radiography- ileus or frank stepladder air fluid levels



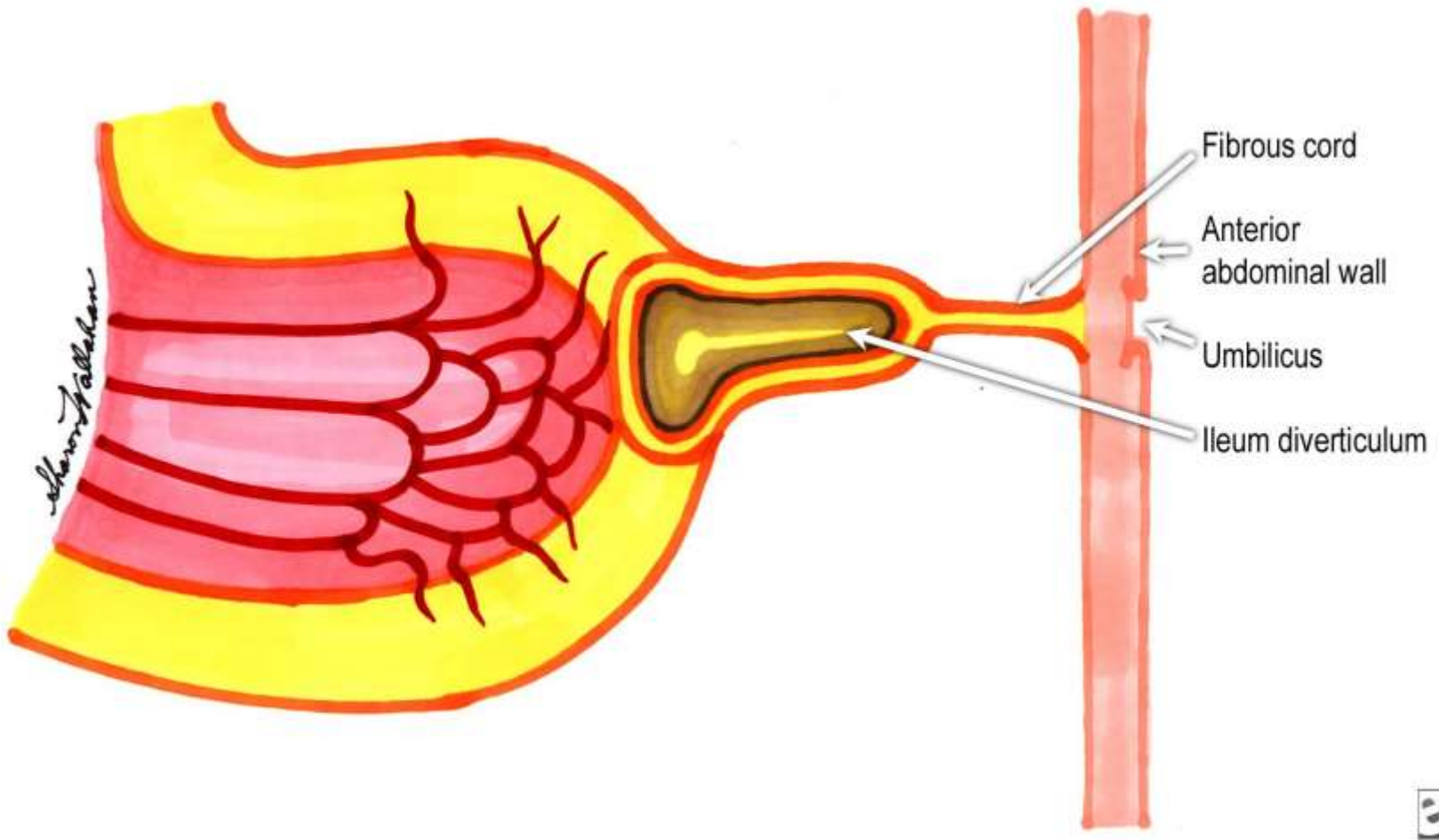
Diverticulitis

- Develops in 10-20%
- Mostly in elderly population
- Intermittent crampy abdominal pain
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- Tenderness in periumbilical region
- Perforation --- peritonitis
- Can lead to adhesion & Bowel obstruction

Umbilical anomalies

- Occurs in 10%
- As fistula, sinuses & fibrous bands
- Recurrent discharge, infection& healing
- Exploratory laparotomy

Diverticulum Connected to Umbilicus by Fibrous Cord



Neoplasm

- 4-5 %
- Leiomyoma most common
- Leiomyosarcoma,
- Carcinoid tumor
- Fibroma.
- One case of ectopic gastric adenocarcinoma has been reported. Lipoma and angioma have also been found

Imaging Studies

- On laparoscopy & laparotomy – incidentally found
- Small-bowel follow-through
- *Technetium-99m pertechnetate radioisotope scanning*
- *Angiography*
- *Double-balloon enteroscopy*

Indications for Surgery

- **Symptomatic Meckel's diverticulum**
- Intestinal obstruction
- Diverticulitis
- Absolute indications for resection in Meckel's diverticulum are
- Hemorrhage
- Umbilicoileal fistulas.

Symptomatic Meckel's diverticulum

Indications for Surgery

Absolute indications for resection in Meckel's diverticulum are

Hemorrhage

Intestinal
obstruction

Diverticulitis

Fistulas

Additional surgical considerations include the following:

- Hemorrhage
- Segmental resection
- Intestinal obstruction
- Umbilical sinus & fistula

Incidentally Discovered Meckel's Diverticulum

- Diverticulum with a wide mouth.
- &
- Diverticulum with narrow neck.
- A diverticulum deemed abnormal because of inflammation, thickening, or intramural pathology should be resected,

Resection is recommended in the following cases:

- Patients younger than 40 years
- Diverticula longer than 2 cm
- Diverticula with narrow necks
- Diverticula with fibrous bands
- Suspected ectopic gastric tissue
- Inflamed, thickened diverticula

Possible surgical procedures

- Diverticulectomy with suture closure of the base
- Wedge resection of the intestinal wall containing the diverticulum with suture closure
- Segmental resection of the intestine, including the diverticulum, and end-to-end anastomosis
- Division of the fibrous band, with or without diverticulectomy