

CASE REPORT

Meckel's Diverticulum as a Conduit in Abdominal Mesothelial Nodular Hyperplasia Due To Cancer Stomach: a Case Report

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Abstract:

A 23-year-old male patient presented to surgical department for acute intestinal obstruction of 3 days duration, emergency laparotomy revealed 500-600 ml of ascetic fluid, most of the small and whole of the large bowel omentum and anterior wall of the stomach was studded with numerous tubercles, the mesentery was tethered to the posterior abdominal wall due to extensive fibroses and the ileo-caecal junction was also fibrosed. During surgery we encountered technical difficulty of mobilizing any part of bowel for diversion, it so happened that a patient was blessed to have Meckel's diverticulum and diversion was performed similar to loop illeostomy. Histopathology of the omentum revealed nodular mesothelial hyperplasia, Oesopho-gastroduodenoscopy revealed antral growth of the stomach. Whole of case scenario been depicted.

Keywords: Intestinal obstruction, Meckel's diverticulum diversion

Case Description:

A male patient aged 23 years presented to emergency surgery department with features suggestive of acute intestinal obstruction, scan and erect X ray-abdomen revealed intestinal obstruction of small bowel nature. Emergency laparotomy revealed - 500-600 ml of ascetic fluid, most of small, large bowel, omentum, anterior wall of the stomach was studded with numerous tubercles, the mesentery was tethered to the posterior abdominal wall and the ileo caecal junction were also fibrosed. During surgery it appeared to be impossible to mobilize part of the preterminal ileum out of the abdomen to do loop

ileostomy diversion, but he had blessed with Meckel's diverticulum was 80 centimeters from the ileo caecal valve, the diverticulum was about 4 cm long, and the tip was free and was brought out of the abdomen and diversion done. (Fig.1, 2, 3, 4).



Fig. 1: Shows Multiple Tubercles in the Mysentry and Tethered to the Posterior Abdominal Wall



Fig. 2: Shows the Ileo-Ceecal Valve was also Fibrosed with Tubercles. Distal Part of the Ilium also shows Bluish Discoloration



Fig. 3: Shows so much of Fibroses that Terminal Ileum could not be Mobilized for Diversion



Fig. 4: Patient was blessed with Meckel's Diverticulum Mobilized and used as Stoma for Diversion of the Intestinal Content



Fig. 5: Shows the Diversion created via the Meckel's Diverticulum started Functioning after 3 days without any Complications

Omentum of 2x.2cms biopsy was taken for histopathology. The histopathology report revealed nodular mesothelial hyperplasia. Colonoscopy was normal, hence the patient was subjected Oesophagogastroduodenoscopy to look for primary growth which revealed antral growth arising from the antral the stomach and histopathological examination revealed C. A. stomach. The Meckel's diversion was functioning to its optimum.

Discussion:

To our knowledge, this is the first report on the use of a Meckel's diverticulum in the creation of stoma for diversion of intestinal contents for intestinal obstruction, when rest of the ileum and mysentry was studded with multiple tubercles tethered to the posterior abdomen. There is a report, however, about the use of a Meckel's diverticulum to implant ureters to a Bricker derivation [1]. Also in no oncological urologic surgery, The Meckel's diverticulum has been used for ureteric repair [2] and as an alternative conduit for the Mitrofanoff procedure [3]. These are all case reports, except for Adams *et al* [2], where the authors describe four cases.

References:

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