This teenager visited my clinic for pyrexia of a week’s duration which turned out to be Enteric fever. However his face revealed this. What is the diagnosis and further workup?

Send your answer to us on Rapid Response.

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Answer of last month’s POTM July 2017

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This patient is a teenager operated for acute appendicitis and after completion of the surgery the patient was found to have this. ................. Can you guess what is the diagnosis?

The correct diagnosis is:

Meckel Diverticulum

Meckel Diverticulum is a vestigial remnant of omphalomesenteric (VitelloIntestinal) duct and is a true diverticulum, including all the three coats of the small intestines. The incidence, from autopsy data, is about 2% in general population. It usually ranges from 1-12 cm in length and is present at about 40-90 cm proximal to ileocaecal valve. It frequently contains heterotrophic tissue and is usually of the Gastric type (50%). Lined by pluripotent cells, there may be gastric, colonic, duodenal, and pancreatic elements also. The diverticulum may or may not be attached to the umbilicus by a fibrous cord. When present it can lead to many complications (4-25%) like: Ulceration; Haemorrhage; Small bowel obstruction; Diverticulitis; Perforation; Rarer complications include Neoplasm like Leiomyoma and Leiomyosarcoma (rare); Vesicodiverticular fistula; Daughter diverticulum; Stones; and Phytobezoar. The differential diagnosis includes appendicitis; acute mesenteric lymphadenitis; intussusception; angiodysplasia. The diagnostic armamentarium includes Technetium 99 pertechnate radioisotope scanning; angiography; double balloon enteroscopy and diagnostic laparoscopy. Surgery is usually advocated and absolute indications include hemorrhage, intestinal obstruction, diverticulitis, and umbilical fistulae. However surgery for incidentally found diverticulum is still not resolved but majority emphasize or advocate resection of the diverticulum.

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