

COexistence of acute appendicitis and perforated Meckel's diverticulitis: a rare presentation- Yousuf Hina- Liaquat National Hospital & Medical College

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Meckel's diverticulum (MD) is the most prevalent congenital anomaly of the alimentary tract. An appendectomy is one of the most commonly performed abdominal procedures in pediatric population. Meckel's diverticulum (MD) can occasionally be found as an incidental finding at the time of appendectomy. Although Meckel's diverticulitis and appendicitis both are considered as relatively common surgical problems in pediatric population, complications such as bowel obstruction, hemorrhage, diverticulitis, perforation, and intussusceptions can occur but the coexistence of both appendicitis and a perforated Meckel's diverticulitis is fairly rare. Here, we present a rare case with a simultaneous coexistence of appendicitis and a perforated Meckel's diverticulum in an 18 months old male child who presented to the emergency department with a 4 days history of fresh per rectal bleeding with lethargy and vomiting. His abdomen had localized tenderness in the periumbilical region. An abdominal ultrasound revealed minimal free fluid with thickened bowel loops in right iliac fossa. Enlarged mesenteric nodes were visualized, appendix was not visible. CT scan of his abdomen showed a linear elongated structure

extending up to midline measuring 5.3x1.0 cm with a hypo dense collection of 2.5x1.8 cm with air lucencies adjacent to it. There was adjacent mesenteric fat streaking suggesting perforated Meckel's diverticulitis. An exploratory laparotomy through a right transverse supraumbilical incision was performed. Loops of terminal small bowel noticed to be adherent to the anterior abdominal wall at the site of umbilicus, on further exploration an enlarged inflamed appendix was found and a perforated Meckel's diverticulum was noticed which was matted with unhealthy and terminal ileal loops. A typical appendectomy was performed along with resection of unhealthy small bowel and perforated Meckel's diverticulum followed by end to end anastomosis. The patient had an uneventful recovery and was discharged on the fifth postoperative day. Histopathology report confirms the diagnosis. We recommend that searching for a Meckel's diverticulum should be done even when an acute appendicitis has been diagnosed. The reason for this is because these two conditions may exist simultaneously in small patients.