A 40-year-old gravida 3 para 1 female presented with heavy menstrual bleeding due to a large myoma uterus. She elected to proceed with total laparoscopic hysterectomy with bilateral salpingectomy. During the procedure, the patient’s abdomen was entered using the open Hasson technique. After this, routine examination of the abdominal contents revealed an approximately 2 × 4 cm blind-ending outpouching from the ileum, consistent with a Meckel’s diverticulum (Figs. 1 and 2). The remainder of the surgery was performed without complication. The patient was informed of this finding and was referred to general surgery. She ultimately reported long-standing constipation that was felt to be unrelated to the Meckel’s diverticulum but was otherwise asymptomatic. She elected to proceed with expectant management.

Meckel’s diverticula are the most common congenital anomaly in the gastrointestinal tract, with an estimated prevalence of approximately 2% [1]. They are formed when the vitelline duct fails to completely obliterate during embryogenesis [1]. Consequently, they contain all 3 layers of the small bowel wall and may even contain heterotopic tissue such as gastric, pancreatic, or colonic mucosa [1,2]. They are found in the middle or distal ileum, opposite the mesentery, and occur more often in men than women [1,3]. The vast majority are asymptomatic, with only 2% to 4% of patients with a Meckel’s diverticulum experiencing symptoms, most at a young age [1,3]. When they do experience symptoms, patients may experience intestinal bleeding, bowel obstruction, or abdominal pain. Rarely, tumors can develop within the diverticula, but the majority of these are benign [4]. Resection is the standard treatment for symptomatic cases, but resection of asymptomatic Meckel’s diverticula is still controversial and varies based on clinical factors such as age and size of the lesion [1,4,5]. Most asymptomatic Meckel’s diverticula are identified incidentally during surgery, but they can also be seen on diagnostic
imaging. Knowledge of their appearance and expected location is beneficial for any intra-abdominal surgeon.

References


