

Meckel's Diverticulum Perforation Mimicking Gynaecologic Acute Abdomen

The Editor,

Sir,

A 28-year old multiparous woman was admitted to our Emergency Department with the complaints of severe pelvic pain (acute onset), nausea and vomiting. In her previous history, she had two deliveries *via* Caesarean section. Physical examination revealed guarding and rebound tenderness (widespread, but prominent in the lower quadrant) with normal vital signs. Laboratory investigations were within normal limits except increased white blood cell count ($18.800/\text{mm}^3$ (91% neutrophils), Normal ranges: 4000–10 000). Transvaginal ultrasound revealed dense content, septated, particulate free fluid in the pouch of Douglas, probably consistent with haemorrhagic. Endometrial thickness was 2 mm and bilateral hydrosalpinx was detected.

According to the patient's clinical situation, a definitive diagnoses of gynaecologic acute abdomen was established and explorative laparotomy was planned. A perforated Meckel's diverticulum (MD) was observed 90 cm proximally from the ileocecal valve (Figure). The diverticulum was resected along with 15 cm of ileum from both proximal and distal sides of the perforated area and entero-enteric anastomosis (end-to-end) was performed followed by abundant washing and cleaning of the abdominal cavity. Pathological examination reported ileal tissue with ulceration around a perforated diverticulum. The patient was discharged home on the tenth postoperative day with an uneventful recovery.

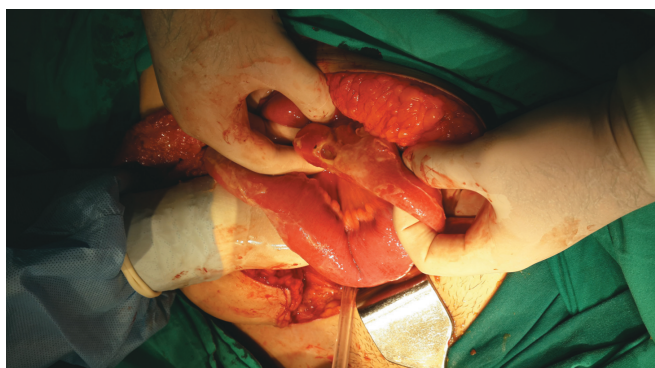


Figure: Intra-operative images designate Meckel's diverticulum.

Meckel's diverticulum occurs due to the incomplete obliteration of the omphalomesenteric duct during the 7th week of gestation. Meckel diverticulum is the most common developmental anomaly of the gastrointestinal tract with two per-

cent prevalence (1). Meckel's diverticulum is usually asymptomatic and incidentally found during laparotomy due to other gastrointestinal diseases. Furthermore, MD is more likely to be symptomatic in children than adults. Whereas, intestinal haemorrhage is the most common presentation of MD in children, intestinal obstruction is the most common in adult patients (1, 2). Moreover, previous studies reported that MD presents as intussusception, inflammation or diverticulitis, haemorrhage, and perforation, the last one being rare (3). In conclusion, herein, is presented an unusual case with perforated MD which can be symptomatic in adult patients but symptoms can mimic gynaecological acute abdomen.

Keywords: Gynaecologic acute abdomen, Meckel's diverticulum perforation, Turkey

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