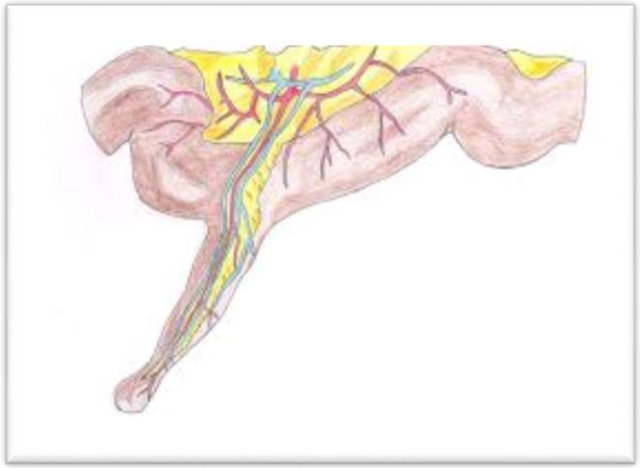
Meckel's diverticulum



- Is a persistent remnant of the vitellointestinal duct.
- It is found on the antimesenteric side of the ileum, commonly approximately 60 cm from the ileocaecal valve and is classically 5 cm long.
- Is a congenital diverticulum. (True diverticulum)
- Often contains 2 types of mucosa

Incidence

- Occurs in 2% of the population
- Male: female = 2:1
- Typically presents before the age of 2 years.

Pathology

- It contains all three coats of the bowel wall and has its own blood supply.
- It may be vulnerable to obstruction and inflammation in the same way as the appendix.
- Approximately 20% of cases, the mucosa of a Meckel's diverticulum contains heterotopic epithelium of gastric, colonic or pancreatic type.

Clinical presentation

Haemorrhage	→	If gastric mucosa is present, peptic ulceration can occur and present as painless dark rectal bleeding or melaena.
Diverticulitis	→	Presents like appendicitis,

Intussusception	→	Can be the lead point for ileoileal or ileocolic intussusception.
Chronic ulceration	→	Pain is felt around the umbilicus, as the site of the diverticulum is midgut in origin.

Intestinal obstruction

A band between the apex of the diverticulum and the umbilicus may cause obstruction directly, or by predisposing to the development of a volvulus around it

Perforation

Littre's hernia

- The finding of a Meckel's diverticulum in an inguinal or femoral hernia has been described as 'Littre's hernia'.

Treatment

- Diverticulectomy

A broad-based Meckel's diverticulum should not be amputated at its base and invaginated (as for an appendix), as there is the risk of stricture and of leaving heterotopic epithelium behind. It is safer simply to excise the diverticulum, either by resecting it and suturing the defect at its base, or with a linear stapler-cutter.

- Resection and anastamosis