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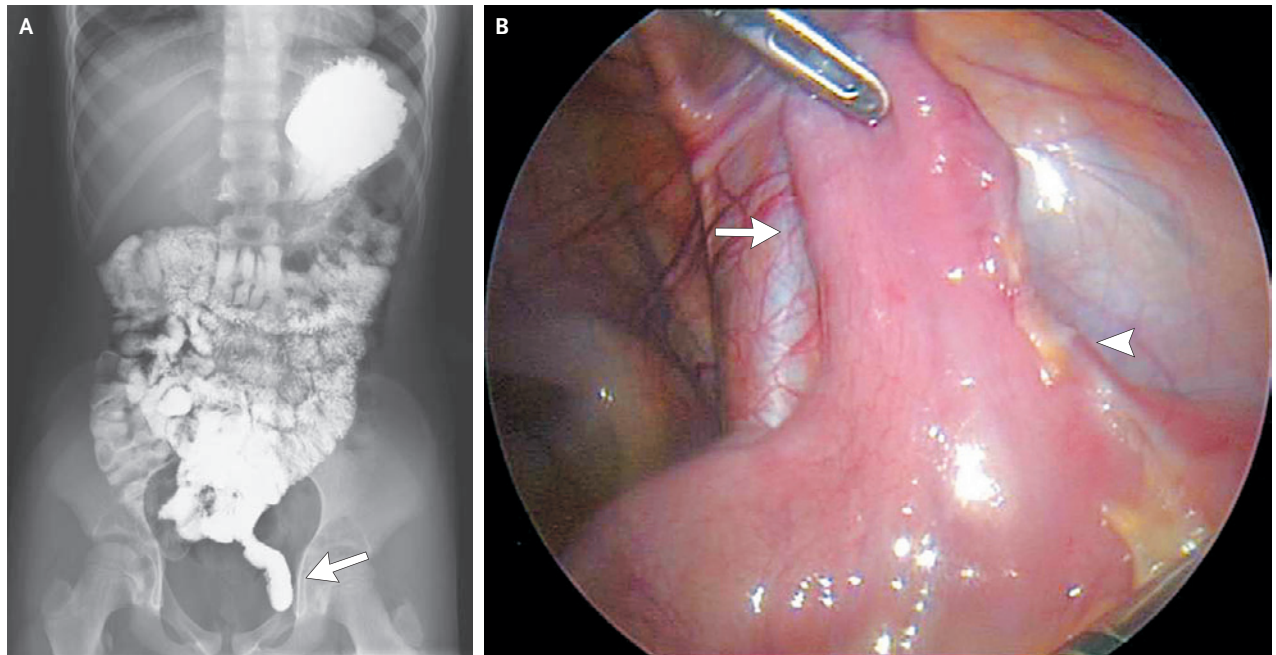
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IMAGES IN CLINICAL MEDICINE

Meckel's Diverticulum



A 10-YEAR-OLD BOY PRESENTED TO THE EMERGENCY DEPARTMENT WITH increasing periumbilical and epigastric pain after a 3-week period of intermittent abdominal discomfort. After clinical evaluation, computed tomography showed a proximal small-bowel intussusception. The results of a small-bowel series suggested the presence of a Meckel's diverticulum (Panel A, arrow), but no heterotopic gastric mucosa was identified on subsequent radionuclide scanning with the use of technetium-99m-labeled pertechnetate. Laparoscopy revealed a diverticulum on the antimesenteric border of the terminal ileum (Panel B, arrow), with its embryonic origin illustrated by the prominent vestige of the vitelline artery (arrowhead). No heterotopic gastric mucosal tissue was identified on pathological analysis of the resected surgical specimen. Intussusception that presents after infancy should raise suspicion regarding a pathologic lead point, including a Meckel's diverticulum. Symptomatic Meckel's diverticula frequently contain heterotopic tissue, predominantly heterotopic gastric mucosa. Gastric mucosal tissue is identifiable on radionuclide scanning, since it concentrates technetium-99m-labeled pertechnetate, but for diverticula without this tissue, the scan is normal. In this patient, the suggestion of a Meckel's diverticulum on the small-bowel series was confirmed. The child's abdominal symptoms resolved shortly after surgery and further episodes of intussusception have not been clinically evident during 1 year of follow-up.

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