A 29-year-old man presented with acute rectal bleeding causing hemorrhagic shock. The patient had presented with a similar episode of digestive bleeding 4 years previously, with no diagnosis being found. His physical examination did not reveal any clinical abnormalities. Gastroscopy, colonoscopy, and abdominal computed tomography angiography (CTA) were normal. Small-bowel video capsule endoscopy revealed an ileal diverticular orifice, with the double-lumen sign. After passage of the capsule into the diverticulum, an ulcer with a visible vessel (Forrest IIa) was observed at the bottom of the diverticulum, located next to a patch of heterotopic gastric mucosa. During this examination, active bleeding was seen from this area of ulceration (▶Fig. 1; ▶Video 1).

A Meckel’s diverticulum was suspected. A 99mTc pertechnetate scintigraphy scan was performed, which confirmed the presence of ectopic gastric mucosa, corresponding to a probable Meckel’s diverticulum (▶Fig. 2). Surgery allowed the excision of a diverticulum of 6×2×1 cm that was found 70 cm above the ileocecal valve. Histological examination confirmed the presence of ectopic fundal mucosa within the diverticulum (▶Fig. 3). The patient left hospital 3 days after the surgery and has not represented with any further recurrence of bleeding.

Meckel’s diverticulum is a vestigial remnant of the omphalomesenteric duct, located on the antimesenteric border of the ileum, within 100 cm above the Bauhin’s valve. About 50% of symptomatic Meckel’s diverticula have been found to contain ectopic tissue, especially gastric mucosa (35%–45%), which can cause ulceration and hemorrhage; 75% of hemorrhagic Meckel’s diverticula contain gastric ectopic mucosa [1]. Abdominal CT is an insensitive test for detection, especially in adults. In patients with obscure gastrointestinal bleeding, small-bowel video capsule endoscopy is a po-
A potentially interesting test for the diagnosis of Meckel’s diverticulum, with a positive predictive value up to 85% [2]. $^{99m}$Tc pertechnetate scintigraphy (Meckel’s scan), which specifically detects gastric mucosa, is more sensitive in a pediatric population (85%–90%) than in adult patients (60%). This test is particularly effective when there are symptoms related to the ectopic gastric mucosa, such as bleeding [3].

**Fig. 2** $^{99m}$Tc pertechnetate scintigraphy (Meckel’s scan) showing ectopically located gastric mucosa.

**Fig. 3** Histological appearance on hematoxylin, eosin, and saffron (HES) staining showing ectopic fundal mucosa.

**Competing interests**

None

**The authors**

Jean-Philippe Le Mouel¹, Julie Morvan², Mathurin Fumery¹, Sami Hakim¹, Richard Delcenserie¹, Denis Chatelain³, Eric Nguyen-Khac¹

¹ Department of Hepato-Gastroenterology, Amiens University Hospital, Amiens, France
² Nuclear Medicine Department, Amiens University Hospital, Amiens, France
³ Department of Pathology, Amiens University Hospital, Amiens, France

**Corresponding author**

Jean-Philippe Le Mouel, MD
Department of Hepato-Gastroenterology, Amiens University Hospital, Amiens, France
jeanphilippe.lemouel@wanadoo.fr
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