A 21-year-old man presented to our hospital with profuse hematochezia. He reported having been admitted at another hospital 2 years earlier due to a hemoglobin (Hb)-relevant lower gastrointestinal bleed. At that time, the diagnostic workup (including a capsule endoscopy and a red blood cell scintigraphy) failed to reveal the cause of bleeding. At current admission, gastroscopy showed no pathological findings and the initial Hb level was stable at 13.2 g/dL. The following night, the patient again developed hematochezia with concomitant tachycardia (130 bpm) while Hb levels rapidly dropped to 7.3 g/dL. An emergency colonoscopy, computed tomography (CT) angiography, and an oral single-balloon enteroscopy (SBE) failed to detect the origin of the hemorrhage. A second SBE was performed by anal approach and showed a diverticulum adjacent to a mucosal lesion located 100 cm proximal to the ileocecal valve with an eroded vessel (Fig. 1). The application of a metal clip prevented further bleeding (Video 1). Technetium-99m scintigraphy (Meckel’s scan) supported the diagnosis of a Meckel’s diverticulum (Fig. 2). The diagnosis was later confirmed in the surgical specimen (Fig. 3a). Histopathological examination found gastric mucosa inside the diverticulum and two ulcers at the marginal region (Fig. 3b). Meckel’s diverticulum occurs in 0.3%–2.9% of the population [1]. Bleeding is most often seen in children aged 2 years or younger and typically occurs because the acidic secretions produced by ectopic gastric mucosa within the diverticulum erode the adjacent intestinal mucosa [1]. Meckel’s scan has high specificity but limited sensitivity for Meckel’s diverticulum [2]. In addition, as exemplified by this case, Meckel’s diverticulum may not be identified by CT angiography owing to intermittent bleeding and can be overlooked by capsule endoscopy.

In the current case, SBE not only allowed Meckel’s diverticulum to be diagnosed but was also used to prevent bleeding recurrence by the application of metal clips, which also served to guide the subsequent surgical excision of the Meckel’s diverticulum.

Endoscopy_UCTN_Code_CCL_1AC_2AF

Competing interests

The authors declare that they have no conflict of interest.
Fig. 2 Meckel’s scan confirmed an accumulation of 99mTc-pertechnetate in the right lower abdomen projecting on the diverticulum.

Fig. 3 After laparoscopic removal. a Longitudinal section of the resected ileum segment, with clips evident. b Histopathological examination of the Meckel’s diverticulum found gastric mucosa inside the diverticulum and an ulcer (arrow) at the marginal region.

References


The authors

Sarah Klauss1*, Mark op den Winkel1*, Jörg Schirra1, Markus Rentsch2, Julia Mayerle1, Jens H. L. Neumann3, Enrico N. De Toni1
1 Department of Medicine II, University Hospital, LMU Munich, Munich, Germany
2 Department of Surgery, Klinikum Ingolstadt, Ingolstadt, Germany
3 Department of Pathology, University Hospital, LMU Munich, Munich, Germany

* These authors contributed equally to the manuscript.

Corresponding author

Enrico N. De Toni, MD
Department of Medicine II, University Hospital Munich, LMU Munich, Marchioninistr. 15, Munichen, Bavaria 81377, Germany
enrico.detoni@med.uni-muenchen.de

Endoscopy E-Videos

https://erefd.thieme.de/e-videos

Endoscopy E-Videos is an open access online section, reporting on interesting cases and new techniques in gastroenterological endoscopy. All papers include a high quality video and all contributions are freely accessible online. Processing charges apply (currently EUR 375), discounts and waivers acc. to HINARI are available.

This section has its own submission website at https://mc.manuscriptcentral.com/e-videos

© 2022. The Author(s). This is an open access article published by Thieme under the terms of the Creative Commons Attribution-NonDerivative-NonCommercial License, permitting copying and reproduction so long as the original work is given appropriate credit. Contents may not be used for commercial purposes, or adapted, remixed, transformed or built upon. (https://creativecommons.org/licenses/by-nc-nd/4.0/)

Georg Thieme Verlag KG, Rüdigerstraße 14, 70469 Stuttgart, Germany

DOI 10.1055/a-1889-5028
ISSN 0013-726X
published online 2022