A 39-year-old woman presented for colon cancer screening colonoscopy. She had no abdominal complaints. The entire colonoscopy was normal, except that the standard retroflexed view in the rectum demonstrated a 2-cm diverticulum without raised margins 5 cm from the anal verge (Fig. 1). Endoscopically the mucosa appeared fairly edematous, but without malignant characteristics. The histological examination of the biopsies obtained revealed rectal mucosa abutting ectopic gastric mucosa without Helicobacter pylori (Fig. 2).

Rectal Meckel’s diverticulum may present as either an ulcerative lesion or abnormal mucosa in the rectum [2]. The origin of gastric mucosa in the rectum is believed to be failure of developmental descent of the embryonic hindgut. The occurrence of gastric heterotopia within a hindgut developmental anomaly such as rectal duplication is exceptional [3]. In clinical practice, a so-called rectal Meckel’s diverticulum may present with acute profuse rectal bleeding, especially in children and young adults [4]. In these cases surgical resection is advised. In patients with peptic ulceration, treatment with H2-blockers or proton pump inhibitors should be prescribed first. A rectal Meckel’s diverticulum may also be asymptomatic, as it was in our patient. We choose not to perform preventive resection or regular endoscopic screening, so long as the course is uneventful.

Endoscopy_UCTN_Code_CCL_1AD_2AJ

N. K. H. de Boer, J. P. Kuyvenhoven
Department of Gastroenterology and Hepatology, Kennemer Gasthuis, Haarlem, The Netherlands

References
3. Stockman JM, Young VT, Jenkins AL. Duplication of the rectum containing gastric mucosa. JAMA 1960; 173: 1223–1225

Bibliography
Endoscopy 2009; 41: E258
© Georg Thieme Verlag KG Stuttgart · New York · ISSN 0013-726X

Corresponding author
Nanne K. H. de Boer, MD, PhD
Department of Gastroenterology and Hepatology
Kennemer Gasthuis
PO Box 417
2000 AK
Haarlem
The Netherlands
KHN.deBoer@vumc.nl