

New Laparoscopic Treatment of Bleeding Meckel's Diverticulum in Adults

Meckel's diverticulum is an infrequent cause of bleeding in adults; it occurs in 2–3% of adult patients (1), and the bleeding is a complication in 1% of cases (2).

A 24-year-old man, presenting with his fourth successive episode of gastrointestinal bleeding, and with a negative esophago-gastroduodenoscopy, colonoscopy (showing only hematic residues in the colon), small-bowel enema and ^{99m}Tc scintigram, underwent emergency video-laparoscopic investigation.

The laparoscopic view (using a 10-mm trocar in the umbilical region) showed a Meckel's diverticulum, 5×3×2 cm in size, with a narrowed, whitish neck, and open at the base, located on the antimesenteric side of one of the small-bowel loops, 10 cm from the ileocecal valve. Two more 5-mm trocars, in the left iliac fossa and hypogastrium, and a 12-mm one, in the right iliac fossa, were introduced. A longitudinal diverticulectomy was performed using the EndoGIA TM30MF, inserted through the 12-mm trocar (Figures 1 and 2). The presence of gastric mucosa with bleeding was proved by histologic examination. The patient showed a good post-operative course, and he was discharged on the seventh postoperative day.

Video laparoscopy allowed minimally invasive treatment and was highly effective, in spite of the use of other diagnostic procedures (small-bowel enema, ^{99m}Tc scintigraphy, and arteriography). This method also provides diagnostic certainty in most cases, as well as the possibility of carrying out treatment that required laparotomy in the past, by using current endoscopic surgical equipment.

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Figure 1: Diverticulectomy using the EndoGIA instrument.



Figure 2: Extraction of the diverticulum.

References

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