Meckel's diverticulum (MD) is the most frequent congenital abnormality of the small bowel and it is often difficult to diagnose. It is usually asymptomatic but approximately 4% are symptomatic with complications such as bleeding, intestinal obstruction, and inflammation. Daniela Codrich et al presents a case of Meckel's diverticulum masked by a long period of intermittent recurrent subocclusive episodes. Their findings will be published on June 14, 2009 in the World Journal of Gastroenterology.

In this case, a 7-year-old boy presented with repeated episodes of periumbilical pain with associated vomiting which resolved spontaneously in a few hours. The frequency of the episodes increased from one per month to weekly and then daily vomiting, but painless hemorrhage, the classical presenting symptom of Meckel's diverticulum, was never experienced. These symptoms were firstly interpreted as cyclic vomiting of childhood. Only the persistence of the condition accompanied by weight loss prompted physicians to investigate further. A supravesical mass was found with ultrasound and confirmed by magnetic resonance. However, the final diagnosis was only made at laparoscopy.

This article seeks to emphasize that preoperative diagnosis of a complicated Meckel's diverticulum can be challenging and often difficult to establish because clinical symptoms and imaging features overlap with those of other disorders causing acute abdominal pain or gastrointestinal bleeding (in cases where hemorrhage is present). The case also underlines the utmost importance of laparoscopy as a diagnostic and, at the same time, a therapeutic tool in the pediatric population.

More information: Codrich D, Taddio A, Schleef J, Ventura A, Marchetti F. Meckel's diverticulum
