

Correspondence Correspondance

Meckel's diverticulum causing mechanical small bowel obstruction

We read the article by Dumper and colleagues¹ with interest, and we would like to add to their series by describing the phenomenon of small bowel obstruction secondary to an adhesion from the distal end of a Meckel's diverticulum. The adhesion formed a band that trapped a loop of ileum.

The case in question involved a fit gentleman, aged 33 years, who had received a few blows to the abdomen during a martial arts lesson. Twelve hours later, he began experiencing periumbilical colic, nausea and vomiting, with absolute constipation. He did not think that the symptoms were due to the injuries sustained to his abdomen; he had experienced these before and had not thought that they were too severe.

Clinical examination revealed a distended abdomen that was tender but not peritonitic. Bowel sounds were rapid

and tinkling. An abdominal radiograph showed dilated loops of small bowel in the left upper quadrant and no air in the rectum. There was no pyrexia or leucocytosis.

At emergency laparotomy, the proximal small bowel was grossly dilated with evidence of 2 serosal tears. A Meckel's diverticulum was discovered that had an inflamed and abnormal looking distal end. An adhesion was attached to this end and the antimesenteric border of the terminal ileum. A collapsed segment of proximal terminal ileum was trapped within the loop created by the adhesion. The Meckel's diverticulum and adhesion were excised with a 35-mm translinear cutting stapling device. The small bowel was decompressed with the use of a suction device modelled on the Savage sucker.

The gentleman made a good post-operative recovery and was discharged 7 days after surgery.

A review of the literature shows only one other case report that describes a similar intraoperative finding.² Other

causes that have been recorded in the literature include enteroliths within a Meckel's diverticulum.³

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Competing interests: None declared.

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