DISCUSSION
Intussusception is common in children and rare in adults. About 90% of intussusception in adults is caused by definite underlying disorder such as neoplasm or by a postoperative condition. However a specific lead point is identified in more than 90% of cases. Most intussusception in adults are associated with either acute intestinal obstruction or partial and recurring obstruction. A correct and timely diagnosis is not only necessary to avoid the complications of bowel infarction and perforation secondary to high grade obstruction but also to rectify the underlying lesion that serve as a lead point. Polyps causing small bowel intussusception are uncommon but not rare. Hamartomas are tumors with abnormal development of tissue. Hamartomatous polyps causing intussusception in gastrointestinal tract often occurs in association with Peutz-Jegher Syndrome (P-J Syndrome). Infact Hamaromatous polyps are found in nearly all patients of P-J Syndrome. The patient in our case report does not fit in the criteria of P-J Syndrome. Patient had multiple polyps of duodenum and jejunum which were the lead points for small bowel obstruction and these polyps were proven to be Hamartomas on histopathological examination. The patient in our case report underwent resection of jejunal segment along with the polyps and duodeno-jejunal anastomosis. Patient postoperative period was uneventful and is now planned for close monitoring with endoscopy.

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Case Report

Meckel’s Diverticulum Presenting as Intestinal Obstruction due to Faecal Impaction – A Rare Case Report.

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Abstract: Meckel’s diverticulum represents a true diverticulum of the ileum containing all the three layers of the bowel wall and is found on the wall of the distal ileum, usually about 2 feet from the ileocaical valve. Although Meckel’s diverticulum is a common congenital abnormality of the gastrointestinal tract, it is often difficult to diagnose. We report an unusual case of intestinal obstruction due to impaction of faecal matter within the Meckel’s diverticulum and the adjacent part of ileum forming a firm mass like structure. The obstruction was not due to enterolith as has earlier been reported in a few cases.

INTRODUCTION
Meckel’s diverticulum represents a true diverticulum of the ileum containing all the three layers of the bowel wall and is found on the wall of the distal ileum, usually about 2 feet from the ileocaecal valve. Although Meckel’s diverticulum is a common congenital abnormality of the gastrointestinal tract, it is often difficult to diagnose. Meckel’s diverticulum generally presents in children with bleeding, diverticulitis or intestinal obstruction. Intestinal obstruction occurs in about 30% - 56% of symptomatic cases. The signs and symptoms of intestinal obstruction may result from a volvulus, adhesion and kinking, internal herniation, Litter’s hernia, intussusception, or inspissations or impaction of the diverticulum with milk curd. We present an unusual case of intestinal obstruction due to impaction of faecal matter within the Meckel’s diverticulum and the adjacent part of ileum in a 42 year old male.

CASE REPORT
A 42 year presented at the surgical emergency with complaints of abdominal distension and non passage of stools since 6 days. On admission pulse 110 / min, BP 112/72 mm Hg, body temperature 101°F Fahrenheit, there was history of off and on vomiting episodes. Patient had not taken orally since the problem started. On examination the abdomen was distended. Per rectal examination was negative. Patient was adequately hydrated. Antipyretics were given. An abdominal X-ray in the erect posture was done which showed multiple air-fluid levels. A diagnosis of intestinal obstruction was made. Since already 6 days had elapsed and the obstruction had not relieved, it was decided to operate upon the patient. At surgery it was found that a small Meckel’s diverticulum was present (fig.1) approximately 2 ft from the ileo-caecal valve proximally. It was impacted with faecal matter forming a mass like structure. The faecal matter was also filling the adjacent ileal loop. The gut loops distal to the impaction were not dilated. The mass prevented the passage of any intestinal contents beyond it. On careful manipulation, it was possible to disrupt the faecal matter by applying firm pressure. It was then milked into the large gut. Subsequently diverticulectomy was carefully examined. Its wall was not thickened and there was no in duration at the base or of the adjacent intestinal wall. A diverticulectomy was performed and the defect was repaired. Post operatively patient’s recovery was uneventful.

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Fig. 1: Meckel’s diverticulum where faecal matter was impacted seen after milking of the faecal matter.
DISCUSSION

Meckel’s diverticulum was originally described by Fabriius Hildanus in 1598. However, it is named after Johann Friedrich Meckel, who established its embryonic origin in 1809. The most common presentations of Meckel’s diverticulum are gastrointestinal bleeding from associated ectopic gastric mucosa, diverticulitis, perforation and neoplasia. Uncommon presentations include axial volvulus of the diverticulum and internal herniation. Small bowel obstruction can be the result of intussusceptions, strangulation due to a mesodiverticular band or volvulus. Few cases of intestinal obstruction due to enterolith have been reported. It was postulated that calcium from the intestinal contents gets precipitated which initiates the formation of stone. But in our case there was no stone at whatever. The faecal matter first got trapped in the pouch of diverticulum and then progressed to involve the adjacent loop of ileum. It formed a firm to hard mass got trapped in the pouch of diverticulum and then progressed to involve the adjacent ileal loop resulting in formation of a hard mass causing obstruction. After emptying, diverticulectomy was done as it was narrow mouthed. The adjacent ileum was normal and there was no induration of the adjacent ileal mucosa. So the adjacent ileal loop was not resected. Therefore, diverticulectomy only with sparing of the adjacent ileal loop is justified in our case.

CONCLUSION

Meckel’s diverticulum is a rare entity and most commonly it presents as gastrointestinal bleeding. Obstruction if at all is due to adhesions and kinks or volvulus but that occurring due to faecal impaction is very rare and should be treated as any other intestinal obstruction.

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