“Bleeding Meckel's Diverticulum (MD): a classic diagnosis through a modern exam”

S. Gussago MD, P. Gaffuri MD, A. Guerra MD
Ospedale San Giovanni, General Surgery Department, Bellinzona, Tessin, Switzerland

Objectives:
Small bowel bleeds are rare compared to other gastrointestinal sources of haemorrhage. Hemorrhagic Meckel Diverticulum is one of the most frequent causes of an "obscure" bleed, more typical of the juvenile population, often recurrent and in most cases not requiring blood transfusion. Classically the literature proposes the use of a Meckel's scan (Technetium-99 m) for accurate diagnosis of MD, but use of this exam is impractical in the diagnostic process when searching for other causes of small bowel bleeding. In this study we present a case of MD bleeding identified with another diagnostic tool.

Methods:
A healthy 50 year old female who complained of melena was investigated in the outpatient setting with a EGDS, which did not identify any source of haemorrhage up until the Trietz ligament. Although haemodynamically stable, she presented to our emergency department (ED) for progressive anemia requiring blood transfusion.

Results:
A contrast enhanced CT scan did not show active bleeding. The presence of melena and dark-red stools, without a hemorrhagic source was seen on emergent colonoscopy. After interdisciplinary discussion, it was decided to proceed with capsule enteroscopy with subsequent identification of a MD. The patient underwent a laparoscopic diverticulectomy and was discharged after 4 days without complications. Pathology revealed a diverticulum with ectopic gastric mucosa.

Conclusions:
Due to the presence of ectopic gastric mucosa, current literature suggests the use of a Technetium-99m scan for the diagnosis of Meckel diverticulum. However the specificity of this exam does not allow for the identification of other sources of bleeding. The practical use of capsule enteroscopy may allow for the inclusion of a greater spectrum of identifiable differential diagnoses. A recent increase in the number of published case reports of "obscure" gastrointestinal bleeds due to MD, found with capsule enteroscopy, may suggest a future diagnostic role for this exam. Further studies are needed to investigate the sensitivity, specificity, pros and cons of this diagnostic tool compared to the classic Meckel's scan.

References