

Inverted Meckel's Diverticulum Causing Adult Intussusception After Blunt Trauma – A Case Report

- 45-year-old patient presented with nonspecific abdominal pain after blunt abdominal trauma sustained in a motor vehicle accident several weeks earlier.
- CT imaging with IV and oral contrast showed distal ileo-ileal intussusception without obstruction (Figure 1).
- Underwent diagnostic laparoscopy: intraluminal mass noted (Figure 2). Proceeded with small bowel resection and primary anastomosis.
- Final pathology: Inverted Meckel's diverticulum (MD) without ectopic mucosa or malignancy.



Figure 1: Computerized tomography (CT) imaging with intravenous and oral contrast showing a distal ileo-ileal intussusception without obstruction.

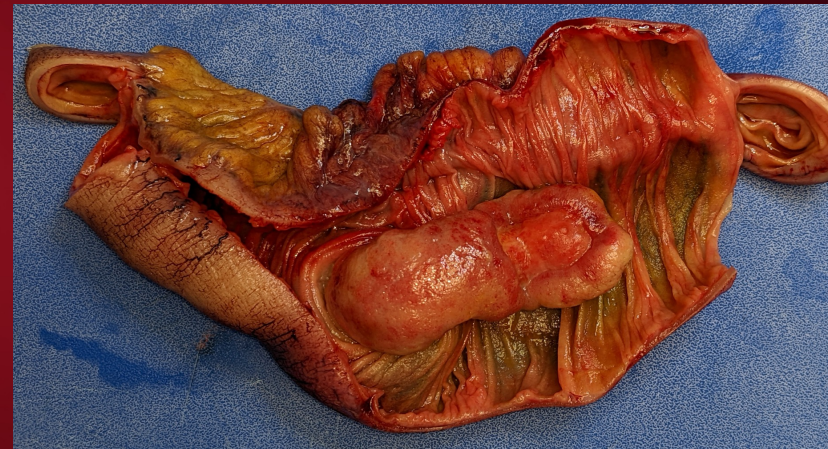


Figure 2: Pathology specimen showing a segment of benign small bowel containing a prolapsed, polypoid lesion consistent with an inverted diverticulum.

- There is a paucity of data regarding the true incidence of intussusception due to MD. Only a few cases have been reported in the literature [1].
- MD is a remnant of the omphalomesenteric duct that normally obliterates by the fifth week of gestation [2].
- MD can invert into the ileal lumen, serve as a lead point of an intussusception, and present with nonspecific abdominal pain without obstruction.
- Surgical intervention is recommended, with both open and laparoscopic management described in the literature.
- Though preoperative diagnosis can be challenging, intussusception of a Meckel's diverticulum highlights a rare but important clinical entity.

References

1. Sioka E, Christodoulidis G, Garoufalos G et al. Inverted Meckel's diverticulum manifested as adult intussusception: Age does not matter. *World J Gastrointest Surg.* 2011;3(8):123-127.
2. Ito T, Sato K, Mackawa H et al. Adult intussusception caused by an inverted Meckel diverticulum. *Case Rep Gastroenterol.* 2011;5(5):320-324

