Meckel's Diverticula-associated Enterolith Causing High-Grade Small Bowel Obstruction

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INTRODUCTION

- Meckel's diverticulum (MD) is a true diverticulum on the anti mesenteric border of the mid-to-distal ileum
- MD form as a result of incomplete obliteration of the vitelline duct.
- MD occur in approximately 2% of the population, have a male predominance of 2:1, are approximately 2 feet from the ileocecal valve, and are approximately 2 inches long
- Adults- most MD are found incidentally during abdominal exploration.
- MD can present with GI bleeding, abdominal pain related to bowel obstruction, diverticulitis or perforation.

CASE PRESENTATION

- 67-year-old female presented as a transfer from an outside hospital for possible SBO
- 3 admissions with intermittent abdominal pain, nausea, vomiting, and obstipation managed conservatively
- Patient had persistent intolerance of oral intake.
- An independent imaging review of the outside hospital's CT imaging revealed a slightly radiopaque foreign body in the distal ileum at the level of a transition point between dilated proximal small bowel and decompressed terminal ileum
- An exploratory laparotomy was performed revealing a 3.5 x 3.5 cm Meckel's diverticulum with an associated enterolith that had dislodged causing the high-grade obstruction in the terminal ileum



CT scan showing foreign body in the distal ileum causing obstruction with proximal small bowel dilatation



Meckel's diverticulum found in the distal ileum



Resected small bowel and associated enterolith

DISCUSSION

- In adults, Meckel's diverticula can present with intestinal obstruction, intussusception, perforated diverticulitis, hemorrhage, or with a tumor.
- Most cases of Meckel's-associated intestinal obstruction are due to congenital bands or stricturing.
- Meckel's-associated enteroliths resulting in obstruction are a rare presentation with very few having been reported. Most present with a delayed diagnosis in the setting of intermittent, colicky abdominal pain and concern for obstruction.
- Meckel's diverticulum-associated enteroliths may be an atypical cause of small bowel obstruction in adults. CT imaging may be useful in establishing a diagnosis; however, a high-level of clinical suspicion is required given that enteroliths may often be missed on radiographic reads.



