

Stone-Containing Meckel's Diverticulitis as a Mimic of Acute Appendicitis

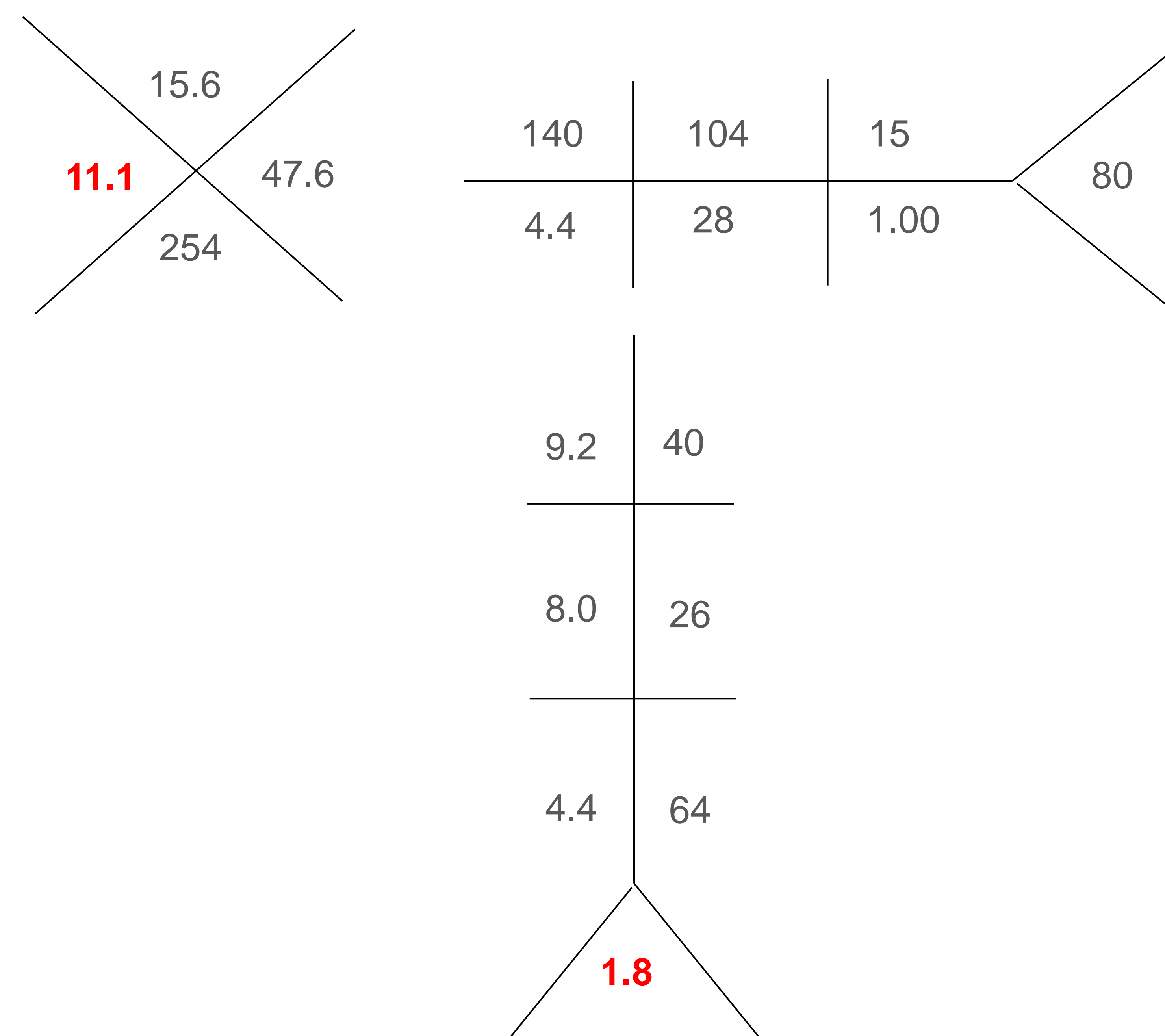
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Background

Meckel's diverticulum is a diagnosis more commonly seen in children and is rarely seen in adults. Often clinically silent in adults, we present a case of a 72-year-old male presenting to our Emergency Department for acute, severe right lower quadrant abdominal pain associated with a Meckel's Diverticulum

The patient presentation was concerning for appendicitis with right lower quadrant pain, associated with tenderness over McBurney's point, without peritoneal signs such as rebound tenderness or guarding.

Lab Analysis



Labs were only significant for a marginal white count elevation and a total bilirubin of 1.8 mg/dL. The patient did not have any RUQ tenderness, history of gallstone, nor were any stones seen in the gallbladder on CT scan.

Images

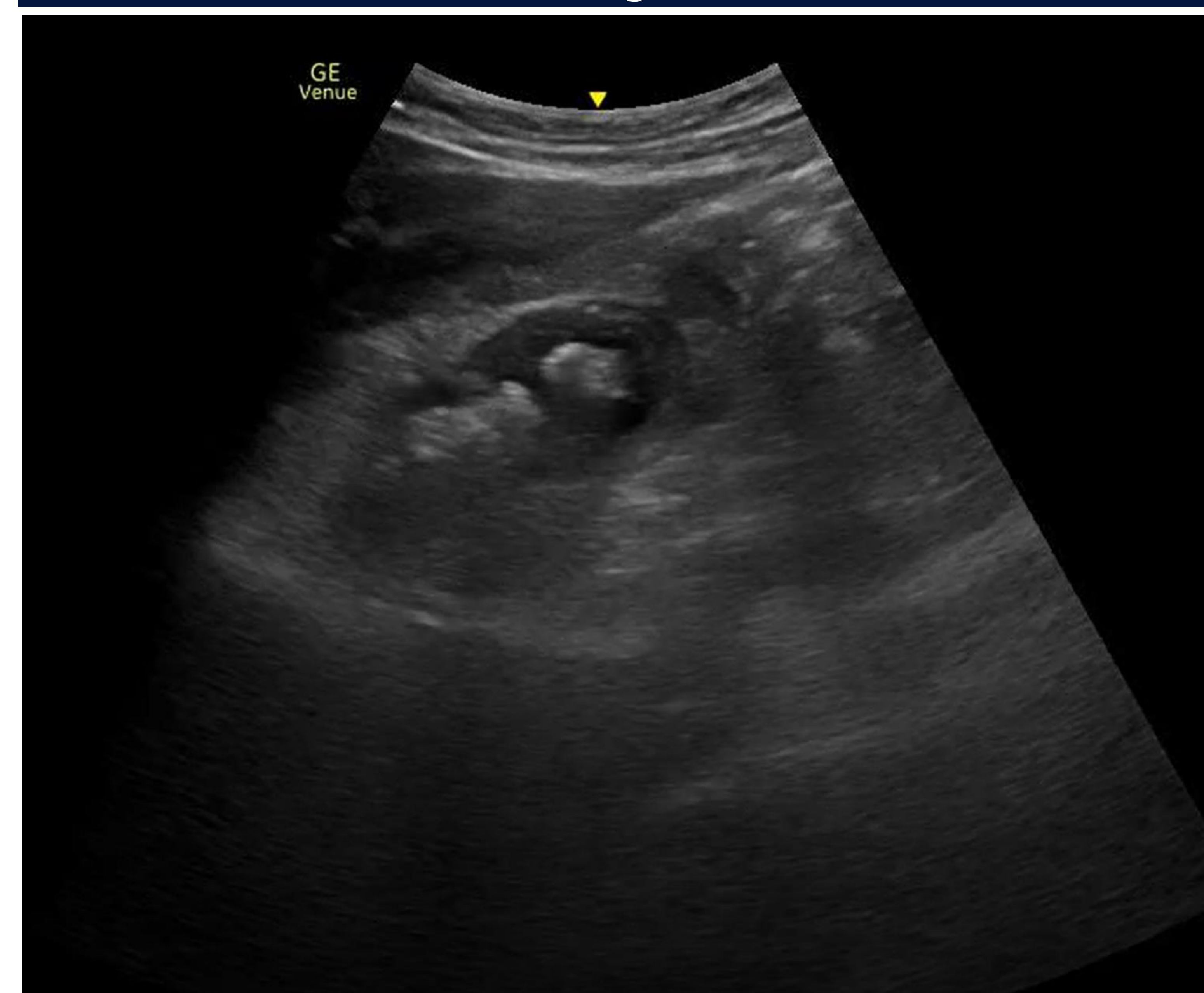


Figure 1



Figure 2

Figure 1. POCUS of the right lower quadrant similarly demonstrating a round hyperechoic object with posterior acoustic shadowing. There is associated bowel wall thickening. The object sonographically mimics the appearance of a gallstone.

Figure 2. CT scan demonstrating a white, round structure within a blind ending loop of bowel. Complete scan demonstrated significant fat stranding consistent with inflammation and/or infection.

Discussion

While awaiting computerized tomography (CT) imaging with concern for appendicitis; a point-of-care ultrasound (POCUS) over the patient's site of pain demonstrated an area of bowel with associated bowel wall edema which contained a round hyperechoic object with sonographic appearance similar to a gallstone (Fig 1). CT demonstrated an inflamed outpouching of the terminal ileum containing a stone, described to favor a Meckel's diverticulum, with a normal appearing appendix (Fig 2). Likely acting like a fecalith to an appendix; the stone caused partial obstruction resulting in inflammation and possibly an infection.

Conclusion

General surgery was consulted, and the patient was managed operatively with an open small bowel resection and appendectomy, and the patient was later discharged in stable condition. The operation did show a normal appendix. Pathologic examination revealed a Meckel's diverticulum with mucosal necrosis. He was later discharged in a stable condition.

References

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