Abstract

Background: Meckel’s diverticulum is the most frequent congenital abnormality of the gastrointestinal tract. Preoperative diagnosis is difficult due to its variable clinical presentation that can simulate several causes of gastrointestinal bleeding or abdominal pain. Clinical case: We present the case of a 61-year-old female patient with multiple abdominal surgeries who developed intestinal obstruction during several admissions beginning 8 months earlier. She was treated with conservative measures. During her last admission, she developed dehydration, persistent abdominal pain and bowel dilation with failure to respond to conservative treatment. Surgical intervention was decided upon, ruling out adhesions and revealing the presence of two diverticular defects at 40 and 70 cm from the ileocecal valve with torsion. Histological report described gastric heterotrophic mucosa and inflammatory hemorrhagic process. Conclusion: Presence of duplicated Meckel’s diverticulum is a rare finding with only nine reports in the international literature to date. Diagnosis is frequently made during surgery. Treatment for symptomatic diverticulum is surgical, whereas management for asymptomatic diverticulum is controversial and relies on the surgeon’s decision and clinical characteristics of the patient.

Keywords

Diverticulum, Meckel, duplication.