

Hung-Hua Liang, MD, Po-Li Wei, MD, Chin-Sheng Hung, MD, Weu Wang, MD, Chen-Sheng Huang, MD

From the Department of Surgery, Taipei Medical University Hospital, Taipei, Taiwan.

0196-0644/\$-see front matter

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doi:10.1016/j.annemergmed.2009.12.023

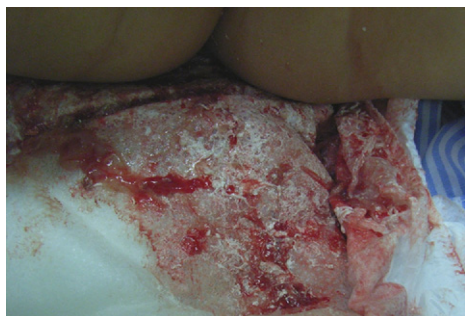


Figure 1. Intermittent bloody diarrhea was observed.

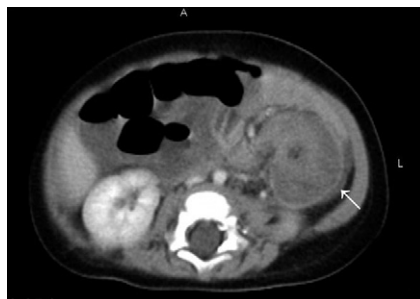


Figure 2. Abdominal CT scan.

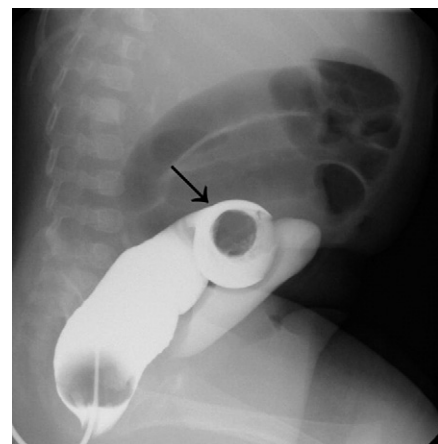


Figure 3. Hydrostatic reduction.

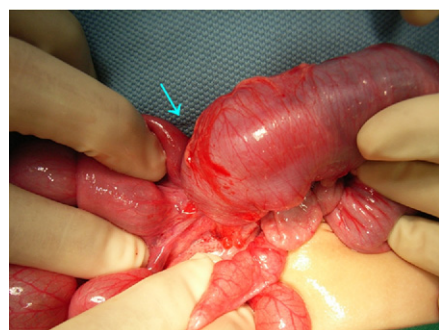


Figure 4. Surgical exploration.

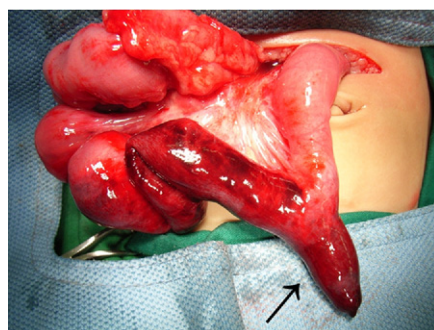


Figure 5. Meckel's diverticulum (arrow) was observed. Used with permission of Chen-Sheng Huang, MD, Department of Surgery, Taipei Medical University Hospital, Taipei, Taiwan.

[Ann Emerg Med. 2011;57:24.]

A 6-month-old boy presented with indolent abdominal pain and loss of appetite for 2 days. He came to our emergency department with severe abdominal distention and cramping pain. He had no vomiting but did have flatus and bloody diarrhea (Figure 1). A sausage-like mass was noted in the left side of the abdomen. Abdominal pain progressed and auscultation revealed a metallic sound. Abdominal ultrasonography showed a soft tissue mass, and abdominal computed tomography (CT) scan showed solid lesion with target sign in the left side of the abdomen (Figure 2).

For the diagnosis and teaching points, see page 28.

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Publication dates: Received for publication February 24, 2009. Revisions received February 15, 2010, and May 11, 2010. Accepted for publication May 18, 2010. Available online July 31, 2010.

Reprints not available from the authors.

Address for correspondence: Christian S. Haas, MD, University of Luebeck, Department of Medicine I, Ratzeburger Allee 160, 23538 Luebeck, Germany; 49-451-500-5060, fax 49-451-500-5066; E-mail cs_haas@yahoo.com.

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DIAGNOSIS:

Meckel's diverticulum and ileo-ileocolic intussusception. Hydrostatic reduction failed to relieve symptoms and showed a long segment of intussusception (Figure 3). An immediate laparotomy showed ileo-ileocolic intussusception involving approximately 20 cm of small intestine and transverse and descending colon (Figure 4). After manual reduction, Meckel's diverticulum with ischemia change of intussuscepted intestine was observed (Figure 5). Small bowel resection included Meckel's diverticulum with end-to-end anastomosis.

Bowel intussusception is telescoping of a proximal gastrointestinal segment within the lumen of the adjacent segment. This condition, frequent in children, may present with the classic triad of cramping abdominal pain, currant jelly stool, and a palpable tender mass.¹ CT is most sensitive in distinguishing between intussusceptions with and without a lead point.¹ Reducing the intussuscepted bowel is considered safe for benign lesions to limit resection or avoid short bowel syndrome.²

Intestinal obstruction caused by Meckel's diverticulum is the most common presentation in adults and the second most common in children.³ Intussusception may result from the Meckel's diverticulum sagging into the bowel lumen, allowing telescoping of the small intestine into the distal ileum and then into the large intestine.³ Our case included no ectopic (pancreatic or gastric) glands or small tumors (lipomas, carcinoid tumor, or others) in the Meckel's diverticulum. Postoperative recovery was uneventful.

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