CASE 29

ID/CC A **2-year-old** boy is brought to the emergency room by his parents because of an **increase in the size of his belly** and persistent **vomiting**.

HPI Two weeks ago the boy had **bright red blood in his stools** for 4 days.

PE VS: tachycardia. PE: **pallor** in conjunctiva; abdomen **distended and tympanic** with increased bowel sounds; on palpation, abdomen is tender with small, **sausage-shaped mass** in right lower quadrant (due to intussusception).

Labs CBC: normochromic, normocytic anemia; neutrophilic leukocytosis. Increased BUN; creatinine normal.

Imaging KUB: air-fluid levels with small bowel loop distention. Nuc: presence of **ectopic gastric mucosa** confirmed.

Gross Pathology Five-centimeter-long diverticulum situated on antimesenteric border of ileum located 60 cm from ileocecal valve. Diverticulum forms tip of an intussusception.

Micro Pathology Contains **ectopic acid-secreting gastric mucosa** and pancreatic tissue.

Treatment Surgical excision.

Discussion Meckel's diverticulum is the most common congenital anomaly of the GI tract; it consists of a diverticular sac caused by **persistence of the vitelline duct** or yolk stalk. The five 2's describe it: 2 inches long, 2 feet from the ileocecal valve, 2% of the population, first 2 years of life, 2 types of epithelium. It may be asymptomatic or may give rise to intussusception and intestinal obstruction, diverticulitis (indistinguishable from appendicitis), or bleeding.