



## Small Bowel Obstruction Due to Mesodiverticular Band of Meckel's Diverticulum Managed by Laparoscopy: A Rare Case Report

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### **Abstract**

*Meckel's diverticulum is the most common congenital anomaly of the small intestine. Common complications related to a Meckel's diverticulum include haemorrhage, intestinal obstruction, and inflammation. Small bowel obstruction due to mesodiverticular band of Meckel's diverticulum is a rare complication. Herein, we report the diagnosis and management of a small bowel obstruction occurring due to mesodiverticular band of a Meckel's diverticulum.*

## Introduction

Meckel's diverticulum is the most common congenital anomaly of the gastrointestinal system. It originates from failure of the vitelline duct to obliterate completely, which is usually located on the antimesenteric border of the ileum. Its incidence is between 1% and 3% . Meckel's diverticulum occurs with equal frequency in both sexes, but symptoms from complications are more common in male patients. Most of the Meckel's diverticula are discovered incidentally during a surgical procedure performed for other reasons. Haemorrhage, small bowel obstruction, and diverticulitis are the most frequent complications. Involvement of the mesodiverticular band of the diverticulum is seen rarely.

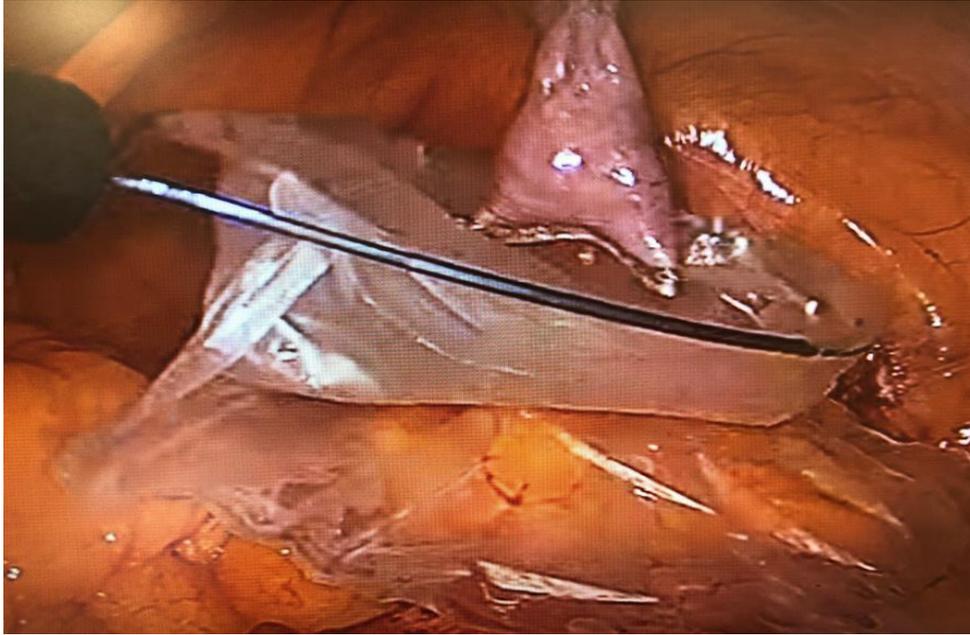
Herein, we were able to clearly demonstrate the mesodiverticular band. We reported the diagnosis and management of a small bowel obstruction due to mesodiverticular band of a Meckel's diverticulum.

## Case Report

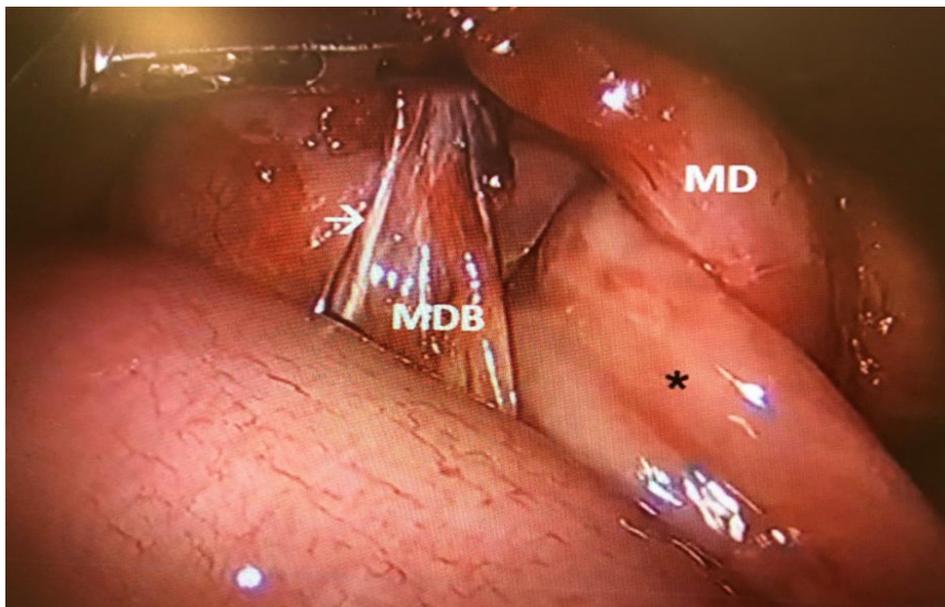
A 49-year-old Chinese male with no previous abdominal surgery, who experienced severe abdominal pain and vomiting one day earlier, was admitted to the emergency service of our hospital. His abdomen was very tender and distended, and bowel sounds were hyperactive. No masses were palpable. There was no significant medical history. Small intestine exhibited an air fluid level on the direct abdominal plain film. He was diagnosed with mechanical intestinal obstruction on a CECT abdomen. He was taken up for Emergency diagnostic lap. The distal part of the ileum was found to be markedly compressed by the mesodiverticular band within an area 40 cm proximal to the end of the ileum . Ileal loops were dilated at the superior part of the mechanical obstruction. After separating the mesodiverticular band from the mesentery with help of harmonic scalpel the ileal loop was released from the diverticulum. Resection of the Meckel's diverticulum was done by endo GIA linear stapler. The diverticulum was confirmed as Meckel's diverticulum by histological examination. The patient recovered without any complications and was discharged after 3 days of hospitalization.



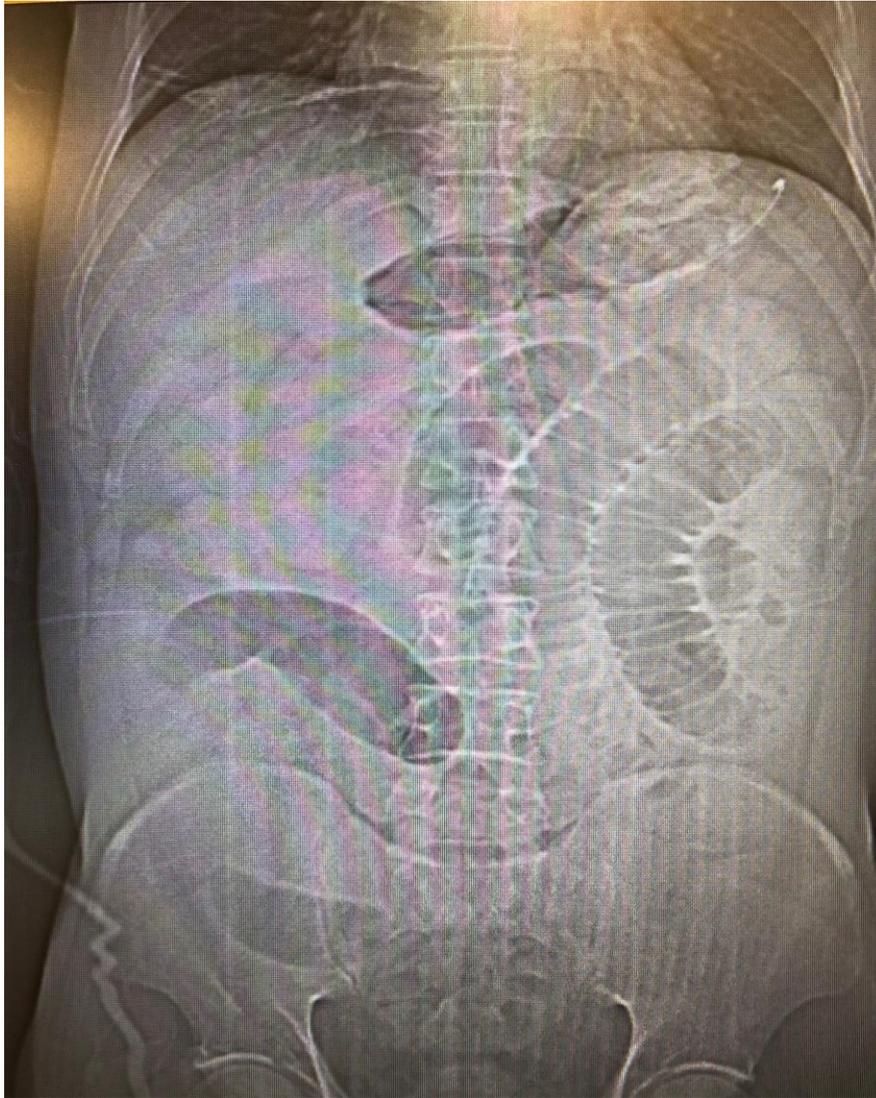
Resection of Meckels Diverticulum with Endo Gia Staplers



Extraction of Resected Meckels in Endobag



Picture Demonstrating Meckels Diverticulum (Md) and Mesodiverticular Band (Mdb)



AXR Showing SB Obstruction