

CASE REPORT

Meckel's Diverticulum causing Intussusception in a Newborn

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ABSTRACT

A neonate presenting with intussusception probably caused by Meckel's diverticulum is reported here.

Key words: Intussusception, Meckel's diverticulum, Neonate

CASE REPORT

A 20-day-old female neonate was admitted with history of bilious vomiting and refusal to feed for 4 days. There was no history of bleeding per rectum. Baby was born at term, with birth weight 2854 gram and immediate postnatal period was uneventful. On examination, she was dehydrated. Upper abdomen was mildly distended, but no guarding, rigidity, or mass was felt. Digital rectal examination was normal. Differential diagnoses of necrotizing enterocolitis (NEC) and intestinal obstruction were kept in mind. Sepsis work up came negative. On plain x-ray abdomen, multiple air fluid levels were seen with paucity of air in the pelvis and ultrasonography of abdomen and pelvis showed dilatation of bowel loops. After stabilization, exploratory laparotomy was done that revealed jejunoileal intussusception with Meckel's diverticulum as pathological lead point was found (Fig. 1, 2). The intussusception was manually reduced and end-to-end ileo-ileal anastomosis was done. Postoperative recovery was uneventful.

DISCUSSION

Meckel's diverticulum can present at any age group; rarely, a symptomatic Meckel's diverticulum may present in the neonatal age group [1, 2]. Intussusception occurs very infrequently in the neonatal period, with a

reported incidence ranging from 0.3% to 2.7% in the first month of life, and results in less than 3% of all neonatal bowel obstructions [3, 4].



Figure 1: Jejunoileal intussusception.



Figure 2: Meckel's diverticulum delivered after reduction of intussusception.

Neonatal intussusception does not have any classical radiological signs. The most common imaging findings in neonates with intussusception are signs of ileus such as dilation of bowel loops [4] and occasionally gas fluid levels.

Neonatal intussusception having Meckel's diverticulum is an incidental finding. In our case, the intussusception was jejunoileal and presence of Meckel's diverticulum may be thought as lead point although it is more common in ileocolic intussusception.

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