

Rare presentation of meckel's diverticulum in pediatric (internal herniation) in Benghazi children hospital

Dr. Aziza alfakhri

Abstract:

Meckel's diverticulum common congenital abnormalities in small intestine occur in about 2% to 3% of general population, we report rare presentation of MD in pediatric age in our hospital; who presented clinically with feature suggestive intestinal obstruction found at exploration to have MD with internal herniation of terminal ileum through unusual mesentery of MD

Keywords: Meckel's diverticulum, intestinal obstruction, internal herniation

Introduction:

MD is remnant of omphalomesenteric duct which normally obliterated by the 5th to 8th week of gestation it is true diverticulum containing all three layers of the bowel wall and it arises from the anti mesenteric border of the bowel only 2% of cases symptomatic, it is found twice as common in male than in female, receiving its blood supply from remnant of vitelline artery, situated between 30 and 150 cm from ileocecal valve, most of MD difficult to diagnosis and are found incidentally during surgical procedure for another reason, over all life time complication rate is a proximally 4%, most common presentation is bleeding, intestinal obstruction, neoplasm, intussusception, perforation, and internal herniation that caused by entrapment of small intestine accounts only 0.5-4.1% of intestinal obstruction cases.

Case report

We report case 10 months in age, male Libyan child with average weight 7 kg transfer to our Benghazi hospital from Albeda hospital presented with history of vomiting since 4 days what ever he eat, baby complain of abdominal distention increase in severity and not passing stool at all from 4 days, associated with history of fever up to 38.5°C, history of upper respiratory tract infection from 2 weeks before, on examination baby looks sick, dehydrated, lethargy, per abdominal examination: abdomen was distended with tender all over; per rectum examination: was empty, no bleeding; we keep baby in ICU with NGT, IVF resuscitation done and complete investigation done: WBC (12.2), Hb (8.9), Plt (312), BG (A+), BS (84), urea (37), Cr (0.2), USS abdomen show dilated bowel loops with evidence of target sign (bowel lesion) with enlarged lymph node, erect abdomen X-ray done and showing multiple air fluid levels, baby diagnosed as intestinal obstruction, and urgent laparotomy done and we found MD with internal herniation of terminal ileum through unusual mesentery of MD, reduction of internal herniation done, resection with diverticulectomy and end to end anastomosis performed, baby



Figure.1 Internal herniation of terminal ileum

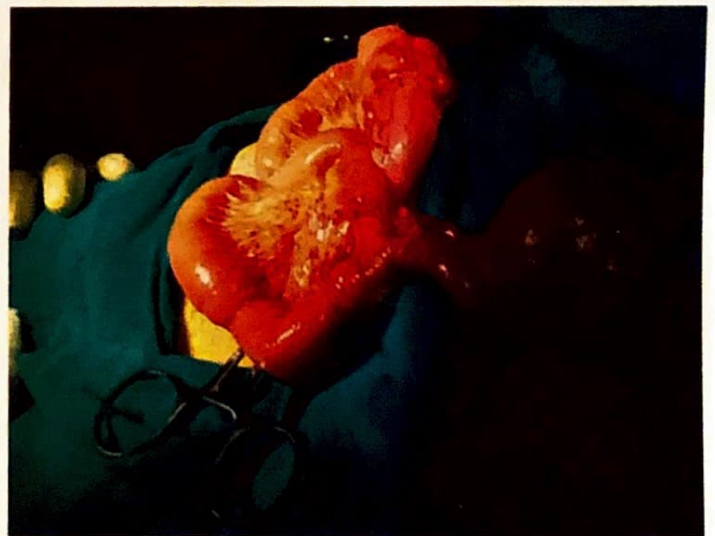


Figure.2 Reduction of internal herniation done

Dr. Aziza Abdelmoneam Alfakhry doctor in pediatric surgical department in Benghazi children hospital

Figure.3 Resection and diverticulectomy done



stay at hospital for 8 days on triple iv.AB then discharge with good general condition and normal bowel habit ,follow up after discharge and he was completely well and restored normal activity and diet.

Discussion:

internal herniation caused by entrapment of the small intestine account only 0.5/4.5% of the small intestine obstruction cases, preoperative diagnosis is often difficult with only 6-12% of cases diagnosed correctly in our case internal herniation by unusual mesentery of the MD and adhesion band with out per rectum bleeding that is rare presentation and difficult to diagnosis before exploration complication due to internal herniation often require emergency abdominal surgery which is associated with significant morbidity and mortality ,there are several reasons for development of intestinal obstruction due to MD, first repeated inflammation lead to formation adhesion bands between diverticulum and abdominal wall or mesentery can cause adhesive obstruction , second ,the remnant of omphalomesentric duct in form of adhesion band can persist connecting the MD to the

umbilicus , third ,MD can act as lead point for development of intussusception and intestinal obstruction , fourth ,the diverticulum can act as nidus for bezoar formation which can cause intestinal obstruction, occurrence of internal herniation and intestinal obstruction due to MD is rare there for in young patient without previous abdominal surgery ,if acute intestinal obstruction occur internal herniation and MD should be included in different diagnosis. Conclusion: because low incidence of MD and internal herniation and difficulty of diagnosis preoperative ,in patient with acute intestinal obstruction without previous abdominal surgery MD and it is complication should be suspected because early preoperative diagnosis is great significance for early treatment and decrease morbidity and mortality.

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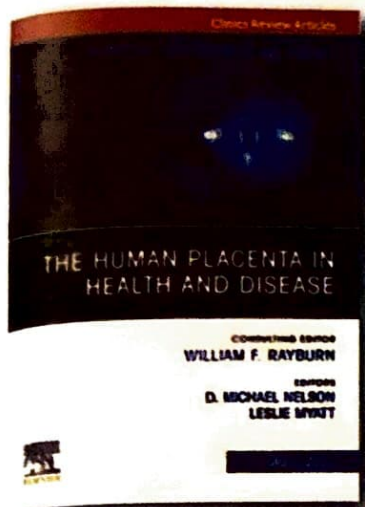
Body integrity identity disorder

Sufferers of a bizarre medical condition called "body integrity identity disorder" (BIID), who are otherwise totally sane, feel as if one of their body parts their right foot up to the mid-calf, for example shouldn't be there. The limb seems horrific and alien, and they can usually draw a line in the exact place where they desperately wish to have it removed. The neuroscientist Vilayanur Ramachandran recently uncovered the cause of the condition: BIID sufferers are missing part of their body image map in their brains. Their unwanted limb is not correctly mapped onto the corresponding brain region, leaving them feeling extremely uncomfortable with it. There is currently no cure but for the uncharted limb to be removed, and when a sympathetic surgeon agrees to amputate, BIID sufferers report feeling infinitely happier.



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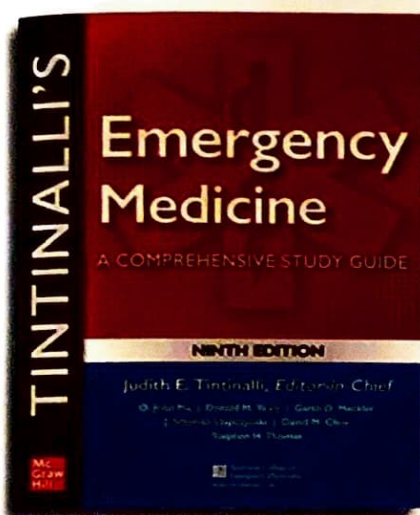
The Human Placenta in Health and Disease , An Issue of Obstetrics and Gynecology Clinics. Michael Nelson M.D. Ph.D., Leslie Myatt



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Tintinalli's Emergency Medicine, A Comprehensive Study Guide, 9th edition, Judith Tintinalli, O. John Ma, Donald Yealy, Garth Meckler



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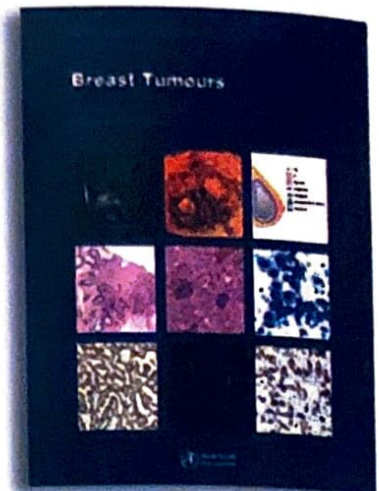
BREAST TUMOURS WHO CLASSIFICATION OF TUMOURS EDITORIAL BOARD

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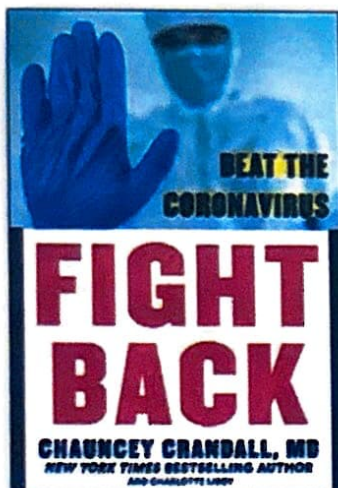
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These authoritative and concise reference books provide indispensable international standards for anyone involved in the care of patients with cancer or in cancer research, underpinning individual patient treatment as well as research into all aspects of cancer causation, prevention, therapy, and education.

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FIGHT BACK BEAT THE CORONAVIRUS CHAUNCEY W. CRANDALL MD, CHALOTTE LIBOV

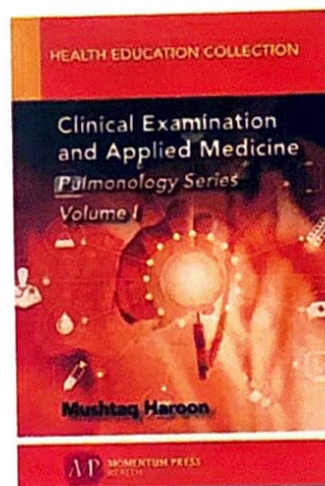


FIGHT BACK! WHAT YOU NEED TO KNOW ABOUT CORONAVIRUS NOW! UNDERSTAND THE DISEASE AND KNOW THE SYMPTOMS TO LOOK FOR! HOW TO PREVENT INFECTION! WHAT TO DO IF YOU GET SICK! TREATMENTS AND FINDING A CURE! FIGHT BACK:

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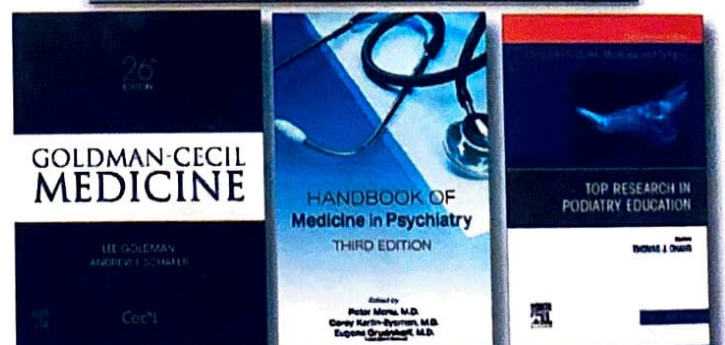


This is the second in the series of books dealing simultaneously with examination technique, detail pathophysiological principles, differential diagnosis and clinical interpretation, along with applied medicine about the common respiratory diseases. Medical students or postgraduates will learn history taking, clinical examination and find relevant applied medical knowledge needed for bedside assessment of the patient. This book will guide towards a correct diagnosis by history

and examination, as well as provide relevant differential diagnosis, localize the disease, and identify the cause.

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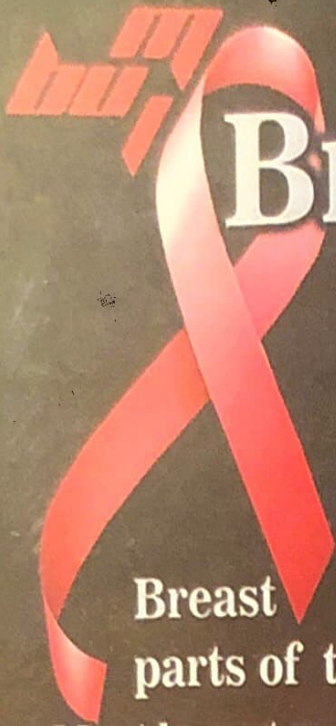
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Brest Cancer

Breast cancers can start from different parts of the breast

Most breast cancers begin in the ducts that carry milk to the nipple (ductal cancers)

Some start in the glands that make breast milk (lobular cancers)

There are also other types of breast cancer that are less common like phyllodes tumor and angiosarcoma

A small number of cancers start in other tissues in the breast. These cancers are called sarcomas and lymphomas and are not really thought of as breast cancers

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