A Pictorial Review of Complications of Meckel's **Diverticulum in Adults**

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Background and Purpose

Meckel's diverticulum (MD) is the commonest congenital GI tract anomaly, affects approximately 2% of the population and occurs due to incomplete resorption of the embryonic vitellointestinal duct. Its complications often mimic other abdominal pathologies, making diagnosis challenging [1].

This case series highlights MD as an under-recognised cause of acute abdomen in adults. We retrospectively reviewed 7 cases (2018 - 2024), comprising 2 females and 5 males (mean age 45, range 26 - 66 years). We analysed imaging findings, operative notes and histopathology.

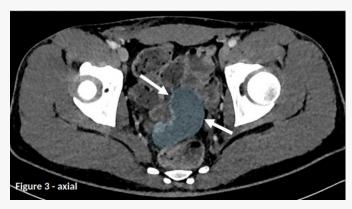
Case 1: 42-year-old female





- Contrast enhanced CT: an inflamed perforated Meckel's **diverticulum** arising from the distal ileum.
- Histology: MD with **gastric heterotopia** and perforation.
- Learning point: heterotopic gastric mucosa secretes hydrochloric acid and results in ulceration, inflammation, and perforation of MD.

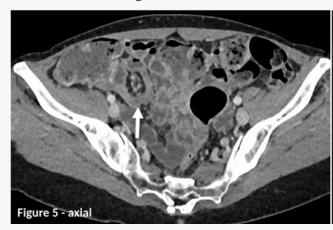
Case 2: 26-year-old male





- Contrast enhanced CT: prominent blind-ended bowel segment arising from distal ileum, containing a **solid mural nodule.**
- Histology: MD with mucosal ulceration and ectopic pancreatic tissue.
- Learning point: exocrine secretions from heterotopic mucosa within MD can erode vitellointestinal artery, leading to GI bleed.

Case 3: 51-year-old female





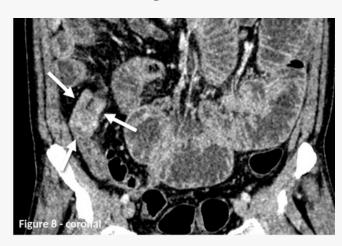
- Contrast enhanced CT: twisting of the terminal ileum around a **fatty band adhesion**, causing upstream small bowel obstruction (SBO).
- Intra-operatively: the lead point for ileal volvulus was the associated vitellointestinal duct remnant.
- Learning point: if the vitellointestinal duct fails to involute during gestation, it can lead to vitellointestinal anomalies, including MD.

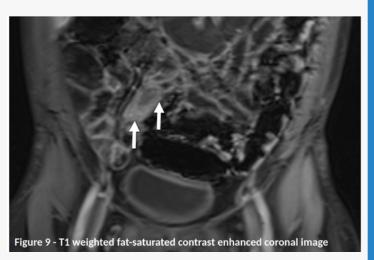
Case 4: 66-year-old male

- Contrast enhanced CT: hyperenhancing **heterotopic** pancreatic tissue at the apex of an MD.
- Learning point: on imaging MD can mimic other pathologies, such as neuroendocrine tumour, GIST or serosal metastasis.



Case 5: 57-year-old male

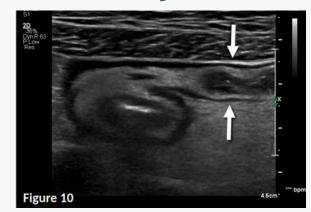




- Contrast enhanced CT and MRI: enhancing lesion within a distal ileal MD was lead point for ileo-ileal intussusception and upstream SBO.
- Histology: MD containing well differentiated neuroendocrine tumour.
- Learning point: malignancies can develop inside MD with NET being the commonest, followed by adenocarcinoma and GIST [2].



Case 6: 47-year-old male





- Ultrasound and contrast enhanced CT: acute on chronic Crohn's disease affecting distal ileum and MD (arrowed).
- Learning point: prevalence of MD is 3x higher in Crohn's disease [3] and this case illustrates how Meckel's diverticulitis can be caused by Crohn's mediated inflammation.

Case 7: 26-year-old male





- Barium and contrast enhanced CT: inverted and intussuscepted MD
- Learning point: when MD inverts, the accompanying mesentery invaginates into it, giving rise to central fat sign on CT (arrowed).

Conclusions

Our case series demonstrates diverse Meckel's diverticulum complications in adults, including:

- Infective/Inflammatory: Perforated Meckel's diverticulitis
- **Vascular:** Acute haemorrhage from the vitellointestinal artery
- Mechanical: Intussusception causing bowel obstruction/ volvulus
- Autoimmune: Crohn's induced Meckel's diverticulitis
- **Neoplastic:** Neuroendocrine tumour within Meckel's diverticulum

MD is important to consider in adults with acute abdomen.

References

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