

INTESTINAL INTUSSUSCEPTION CAUSED BY A MECKEL'S DIVERTICULUM

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A 6-year-old girl complaining of abdominal pain and vomiting for one day. She had already reported similar pain in the previous two months, which solved after enema's administration. The physical examination did not show pain, palpable masses or signs of peritoneal irritation. An ultrasonography demonstrated two hypoechoic and heterogeneous nodular images, characterized as a target lesion (Fig. 1, white arrows), which were interconnected by intestinal loops with maintained peristalsis (Fig. 1, black arrow). A laparotomy surgery was performed, in which the site of intussusception was evidenced, without ischemia from intestinal loops. A manual reduction of the ileo-ileal invagination detected that the telescoping (intussusceptum) was a Meckel's diverti-

culum (Fig. 2). An enterectomy with end-to-end anastomosis was performed. The patient was discharged a week later from the hospital and has been under outpatient follow-up since then.

Usually Meckel's diverticulum remains without symptoms, but 4-16% of individuals will become symptomatic, most commonly showing with bleeding, obstruction, diverticulitis, or perforation. These complications are seen more frequently in neonates and young children when compared to adults. In general, the symptomatic Meckel's diverticulum's gold standard treatment is laparoscopic or open resection. Complications can occur after resection, which wound's infection are the most common complication.

Figura 1 |

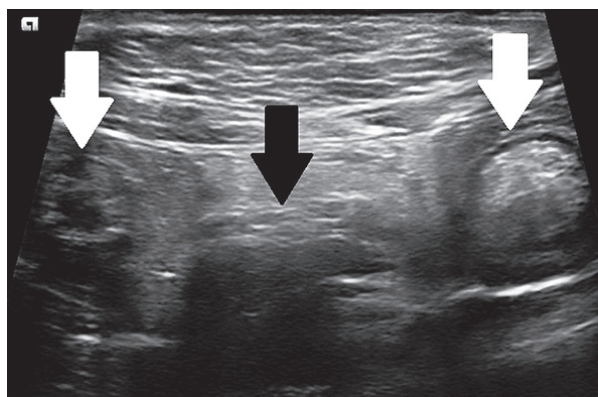


Figura 2 |

