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MECKEL'S DIVERTICULUM MANAGEMENT AND TREATMENT OF SYMPTOMATIC PATIENT

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INTRODUCTION

Meckel's diverticulum (DM) or ileal is the most common congenital anomaly of the gastrointestinal tract. It is the result of a failure to obliterate the omphalomesenteric duct located at the antimesenteric border of the ileum. The purpose of this case report is to expose a symptomatic patient about her conduct and treatment.

CASE DESCRIPTION

Female, 18 years old, with abdominal pain for two days in the hypogastrium and progressively worsening right iliac fossa. He denies fever, vomiting, urinary changes and amenorrhea. On physical examination, she had a good general condition, a distended abdomen, pain on sudden decompression in the right iliac fossa. Abdominal tomography showed a structure with a diverticular aspect with a blind fundus, in the right iliac fossa, focal parietal thickening, densification of adjacent fat and reactive lymph nodes. Cystic formation was observed in the left adnexal region measuring 186.0 cm^3 of probable ovarian origin and the vermiform appendix was usual. Diagnostic hypothesis of DM. The procedure performed was the resection of the ileal diverticulum, drainage of the left ovarian cyst and videolaparoscopic appendectomy. Patient evolved with improvement and return to homeostasis, without physiological and laboratory changes

DISCUSSION

The origin and location of DM are explained through embryonic development in which the yolk sac nourishes the embryo through its circulation. This is divided into a larger portion that forms the primitive intestine and a smaller portion that regresses when replaced by the placenta, in view of the form of nutrition. The enteric portion of the right artery persists giving rise to the superior mesenteric artery. With growth, the fetal intestine separates from the yolk sac leaving only a ductal communication that becomes obliterated during pregnancy. Clinical manifestations are periumbilical abdominal pain, with nausea, vomiting and fever, symptoms similar to appendicitis. Thus, the definitive diagnosis is reached when the vermiform appendix and normal kidneys are surgically observed, followed by the terminal ileum.

CONCLUSION

The clinical presentation of DM is conditioned by complications and is often confused with other diseases. The treatment of this anomaly is definitely surgical, diverticulectomy, with absolute indication in symptomatic patients and risk assessment when in asymptomatic patients. Each case must be individually evaluated, taking into account variables such as sex, age, anesthetic risk, characteristics of the diverticulum and the service where the patient is being assisted.