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Summary

GI BLEEDING RESULTING FROM INTUSSUSCEPTION OF MECKEL'S DIVERTICULUM IN A YOUNG ADULT

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A 21-year-old female with recurrent GI bleeding was diagnosed with intussuscepted Meckel's diverticulum after initial negative scintigraphy and ileocolonoscopy, ultimately requiring exploratory laparotomy for diagnosis and treatment.

KEY POINTS

- CT angiography showed extravasation in the distal ileum, but angiography could not confirm active bleeding for embolization; subsequent Technetium-99m scintigraphy and ileocolonoscopy were both negative.
- Repeat wireless capsule endoscopy identified an abnormal lobular mass near the terminal ileum with a polypoid appearance rather than the typical double-lumen finding.
- Exploratory laparotomy revealed an intussuscepted Meckel's diverticulum at 60 cm from the terminal ileum with heterotopic gastric mucosa and ulceration on pathology.
- The authors note that scintigraphy may be falsely negative when mucosal ischemia from intussusception reduces radiotracer uptake, and suggest a low threshold for repeat capsule endoscopy when clinical suspicion remains high.
- This case may be of particular interest to clinicians managing unexplained GI bleeding in young adults where standard diagnostic approaches have been unrevealing.

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