A 19-year-old male experienced recurrent rectal bleeding and syncope twice within a month. Laboratory examination showed iron-deficiency anemia with a low hemoglobin level of 78 g/L. Gastrointestinal endoscopy revealed only a tiny ulcer in the gastric antrum (0.3 cm in diameter, healing period), and no abnormality was observed in the large intestine. Transanal single-balloon enteroscopy revealed a bifurcation of the intestinal tract 100 cm from the ileocecal valve, and a diagnosis of Meckel’s diverticulum with ulcer (0.5 cm in diameter, active period) was considered (▶ Fig. 1). The boundary between the small intestinal villi and gastric mucosa was clearly observed on narrow-band imaging and after indigo carmine staining (▶ Fig. 2).

We diagnosed the patient with ectopic gastric mucosa with ulcer in Meckel’s diverticulum on the basis of the endoscopic manifestation; in previous reports this diagnosis relied on pathological analysis rather than endoscopic observation. The patient subsequently underwent surgery, and pathological analysis (including MUC5AC antibody reaction) confirmed the presence of ectopic gastric mucosa with ulcer (▶ Fig. 4, ▶ Fig. 5). The patient has since been asymptomatic on follow-up.

Diverticula can cause complications such as gastrointestinal bleeding [1]; complications occur mostly in children, rarely in adults [2, 3]. Bleeding from Meckel’s diverticulum due to ectopic gastric mucosa is the most common clinical presentation, particularly in young patients [4].

Tips: Ectopic gastric mucosa can be better observed by endoscopic staining. Rigid thinking should be avoided to allow other considerations when the level of bleeding is not consistent with a gastric ulcer. Age is not an absolute criterion of disease identity; other factors matter as well.

Competing interests

The authors declare that they have no conflict of interest.

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**References**


**Video 1** Gastric mucosa with ulcer found by endoscopy in Meckel’s diverticulum. Single-balloon enteroscopy shows two lumens. The boundary between the small intestinal villi and gastric mucosa was clearly observed on narrow-band imaging and after indigo carmine staining.