

Rectal Meckel's diverticulum

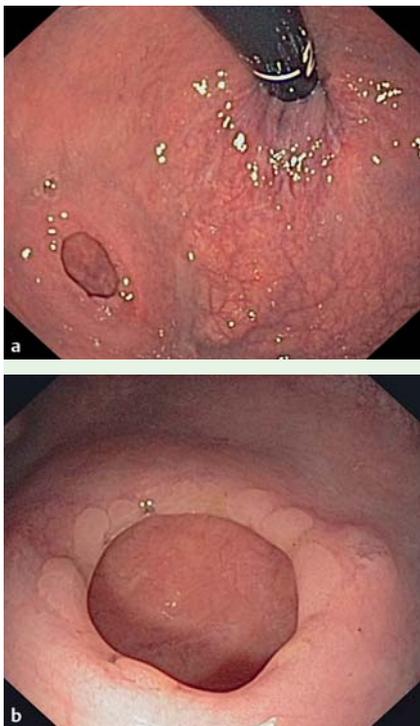


Fig. 1 a,b Retroflexed endoscopic views of the rectal Meckel's diverticulum.

A 39-year-old woman presented for colon cancer screening colonoscopy. She had no abdominal complaints. The entire colonoscopy was normal, except that the standard retroflexed view in the rectum demonstrated a 2-cm diverticulum without raised margins 5 cm from the anal verge (● Fig. 1 a,b).

Endoscopically the mucosa appeared fairly edematous, but without malignant characteristics. The histological examination of the biopsies obtained revealed rectal mucosa abutting ectopic gastric mucosa without *Helicobacter pylori* (● Fig. 2).

The technetium Tc 99m pertechnetate scan was negative. Follow-up sigmoidoscopy performed 3 months later showed an unchanged diverticulum. Again, histological examination demonstrated ectopic gastric mucosa. As the patient remained asymptomatic, to date no surgical

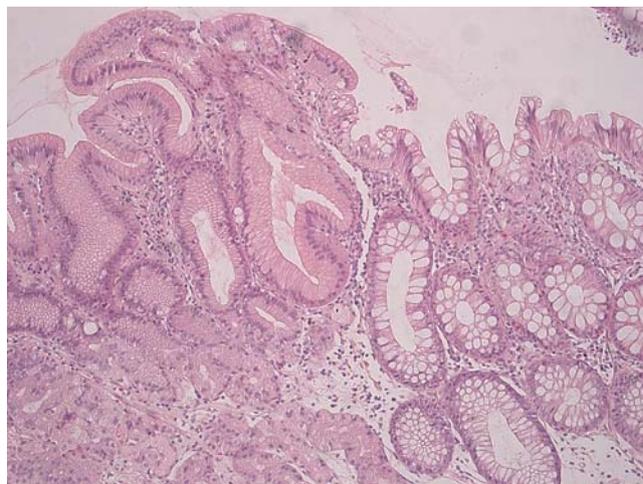


Fig. 2 Histological section shows rectal mucosa abutting ectopic gastric mucosa (hematoxylin and eosin staining, × 100).

resection or further endoscopic screening has been performed.

Heterotopic gastric mucosa can be observed anywhere along the human gastrointestinal tract. It is rarely seen in the rectum: only about 30 cases have been reported since the first description in 1939 [1]. In the clinical setting, gastric heterotopia typically presents as either an ulcerative lesion or abnormal mucosa in the rectum [2]. The origin of gastric mucosa in the rectum is believed to be failure of developmental descent of the embryonic hindgut. The occurrence of gastric heterotopia within a hindgut developmental anomaly such as rectal duplication is exceptional [3]. In clinical practice, a so-called rectal Meckel's diverticulum may present with acute profuse rectal bleeding, especially in children and young adults [4]. In these cases surgical resection is advised. In patients with peptic ulceration, treatment with H₂-blockers or proton pump inhibitors should be prescribed first. A rectal Meckel's diverticulum may also be asymptomatic, as it was in our patient. We choose not to perform preventive resection or regular endoscopic screening, so long as the course is uneventful.

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N. K. H. de Boer, J. P. Kuyvenhoven

Department of Gastroenterology and Hepatology, Kennemer Gasthuis, Haarlem, The Netherlands

References

- 1 Ewell GH, Jackson RH. Aberrant gastric mucosa in the rectum with ulceration and hemorrhage. *World J Surg* 1939; 38: 641–643
- 2 Garmendia M, Aparicio JR, Martínez J et al. Heterotopic gastric mucosa in the rectum. *Gastrointest Endosc* 2007; 65: 921
- 3 Stockman JM, Young VT, Jenkins AL. Duplication of the rectum containing gastric mucosa. *JAMA* 1960; 173: 1223–1225
- 4 Forshaw JF, Dhia D, Cole S et al. Rectal Meckel's diverticulum: an unusual cause of rectal bleeding. *Int J Colorectal Dis* 2006; 21: 485–487

Bibliography

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Corresponding author

Nanne K. H. de Boer, MD, PhD

Department of Gastroenterology and Hepatology
Kennemer Gasthuis
PO Box 417
2000 AK
Haarlem
The Netherlands
KHN.deBoer@vumc.nl