Meckel’s ileitis versus Crohn’s ileitis: diagnosis using balloon enteroscopy

An 18-year-old man presented with a self-limiting episode of abdominal pain and bloody diarrhea for 5 days. During the following year, he reported similar episodes. We performed a colonoscopy that showed normal colonic mucosa with erythema and a few erosions at the ileum. Histology revealed a nonspecific inflammatory infiltrate in the lamina propria. He was treated with prednisolone with initial symptomatic relief, but was admitted to our hospital 3 weeks later, during prednisolone tapering, because of recurrent symptoms and weight loss of 3kg. He had been an active smoker since the age of 12.

Blood tests showed iron deficiency anemia (hemoglobin 9.9 g/dL) and elevated C-reactive protein (CRP; 20mg/dL). Immunological assays were negative, including anti-Saccharomyces cerevisiae antibodies. Serum and fecal microbiological assays were negative.

An upper gastrointestinal endoscopy was performed, which was normal, as was the duodenal histology. We decided because of his recurrent symptoms to reassess the ileal mucosa with balloon enteroscopy. We proceeded to perform a retrograde single-balloon enteroscopy, which showed an ulcerated diverticulum 80cm from the ileocecal valve with normal distal ileal mucosa (Fig. 1). The distal margin of the diverticulum was tattooed and biopsied (Video 1). Histology showed signs of active chronic inflammation.

He underwent a laparoscopic enterectomy including the diverticulum 2 weeks later (Fig. 2). Pathological examination showed gastric mucosa within the diverticulum, thereby confirming the diagnosis of a Meckel’s diverticulum (Fig. 3). At follow-up after 9 months, the patient remained asymptomatic.

Meckel’s ileitis is an uncommon manifestation of Meckel’s diverticulum [1]. Few other cases have been reported; as in this case, it has usually been a challenging differential diagnosis with Crohn’s disease [2, 3]. In our case, reassessment of the ileal mucosa with balloon enteroscopy was crucial to reaching the correct diagnosis. This
technique has been reported as a helpful tool when there is high suspicion of a Meckel’s diverticulum, even when technetium pertechnetate scintigraphy is negative [4–6].

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M. Velosa1,2, H. Cardoso1,3, E. Rios4, G. Macedo1,3
1 Serviço de Gastrenterologia, Hospital S. João, Porto, Portugal
2 Serviço de Gastrenterologia, Hospital Dr. Nêlio Mendonça, Funchal, Madeira, Portugal
3 Serviço de Gastrenterologia, Faculdade de Medicina da Universidade do Porto, Porto, Portugal
4 Serviço de Anatomia Patológica, Hospital S. João, Porto, Portugal

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