Identification of a Meckel's Diverticulum by Wireless Capsule Endoscopy

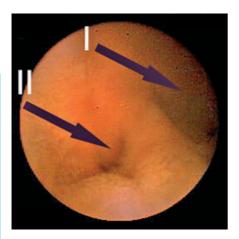
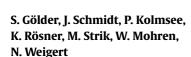


Figure 1 A 13-year-old patient was admitted to our hospital due to recurrent severe gastrointestinal bleeding. Prior to admission a further severe bleeding occured, causing a minimum hemoglobin level of 6.0 g/dl. Upper gastrointestinal endoscopy, colonoscopy, magnetic resonance enteroclysis, and Meckel's scan had not identify the bleeding site. Wireless capsule endoscopy (WCE; Given M2A, Given Imaging, Yoqneam, Israel) was performed as the next diagnostic procedure. WCE did not demonstrate an active bleeding, but identified a small diverticular like orifice in the middle part of the ileum (arrow II). The capsule video endoscope rested for a few seconds above this orifice. Small bowel lumen (arrow I) was identified following further propulsion of the endoscope.



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Video 1 Identification of a Meckel's Diverticulum by Wireless Capsule Endoscopy.

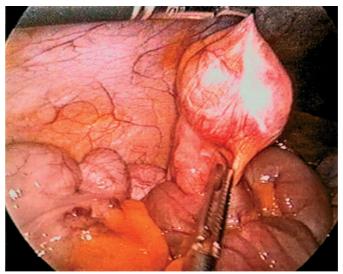
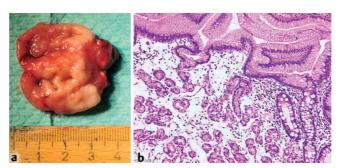


Figure **2** Laparoscopy was therefore performed, and demonstrated a Meckel's diverticulum 100 cm from the ileocecal valve.



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Figure **3 a** A Meckel's diverticulum of length 4 cm was resected by minilaparotomy. **b** Histological examination showed ectopic gastric mucosa inside the diverticulum (hematoxylin and eosin, 1:250). After resection of the Meckel's diverticulum no further gastrointestinal bleeding occurred. In our patient, WCE demonstrated a Meckel's diverticulum with ectopic gastric mucosa, without active bleeding, despite negative findings from a Meckel scan.

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