A Meckel’s diverticulum with an ileal ulcer detected with double-balloon enteroscopy

K. Honda¹, T. Mizutani¹, N. Higuchi¹, K. Kanayama¹, Y. Sumida¹, S. Yoshinaga¹, S. Itaba¹, H. Akiho¹, R. Yoshimura², K. Nakamura¹, T. Ueki³, Y. Miyasaka⁴, R. Takayanagi¹

¹ Dept. of Medicine and Bioregulatory Science, Graduate School of Medical Sciences, Kyushu University, Fukuoka, Japan
² Hakuaikai Medical Association, Human Wellness Center, Fukuoka, Japan
³ Dept. of Surgery and Oncology, Graduate School of Medical Sciences, Kyushu University, Fukuoka, Japan
⁴ Dept. of Anatomic Pathology, Graduate School of Medical Sciences, Kyushu University, Fukuoka, Japan

Corresponding author

K. Nakamura, M.D., Ph.D.
Dept. of Medicine and Bioregulatory Science
Graduate School of Medical Sciences
Kyushu University
3-1-1 Maidashi, Higashi-ku
Fukuoka 812-8582
Japan
Fax: +81-92-642-5287
Email: knakamur@intmed3.med.kyushu-u.ac.jp

Figure 1 A 34-year-old man with iron-deficiency anemia was referred to hospital due to an ileal lesion (arrow) that had been detected on barium-meal radiography. Previous upper and lower gastrointestinal endoscopy examinations had not identified a bleeding site.

Figure 2 He underwent a peranal double-balloon enteroscopy (DBE) examination with a Fujinon EN-450P5/20 scope (Fujinon-Toshiba Inc., Tokyo, Japan). DBE revealed a diverticulum (arrow) and an ileal ulcer.

Figure 3 a At laparoscopy, the diverticulum found at 80 cm from the ileocecal valve on the antimesenteric side of the ileum (arrow) was surgically resected. b The macroscopic view of the specimen shows a Meckel’s diverticulum 3 x 2 cm in size (arrows), accompanied by an ileal ulcer (arrowheads). The histological assessment did not identify any ectopic tissue inside the diverticulum. After the operation, the patient’s anemia improved.