

Mesenteric localization of Meckel's diverticulum

Meckel Divertikülü'nün mezenterik lokalizasyonu

To the Editor,

Meckel's diverticulum (MD) is a congenital blind pouch in the small bowel resulting from an incomplete obliteration of the vitelline duct during the 5th to 8th weeks of gestation. It is a true diverticulum, typically located on the antimesenteric border, and contains all layers of the intestinal wall with its separate blood artery from the vitelline artery (1). We report on a male patient who underwent surgery for acute appendicitis and MD.

This 23-year-old patient was admitted with complaints of right lower abdominal quadrant pain and anorexia, and underwent an emergency laparotomy for suspected acute appendicitis. During the operation, the appendix was found to be weakly inflamed, and further exploration of proximal parts of the small intestine was performed through McBurney's incision. A diverticular lesion, localized approximately 70 cm from the cecum, was

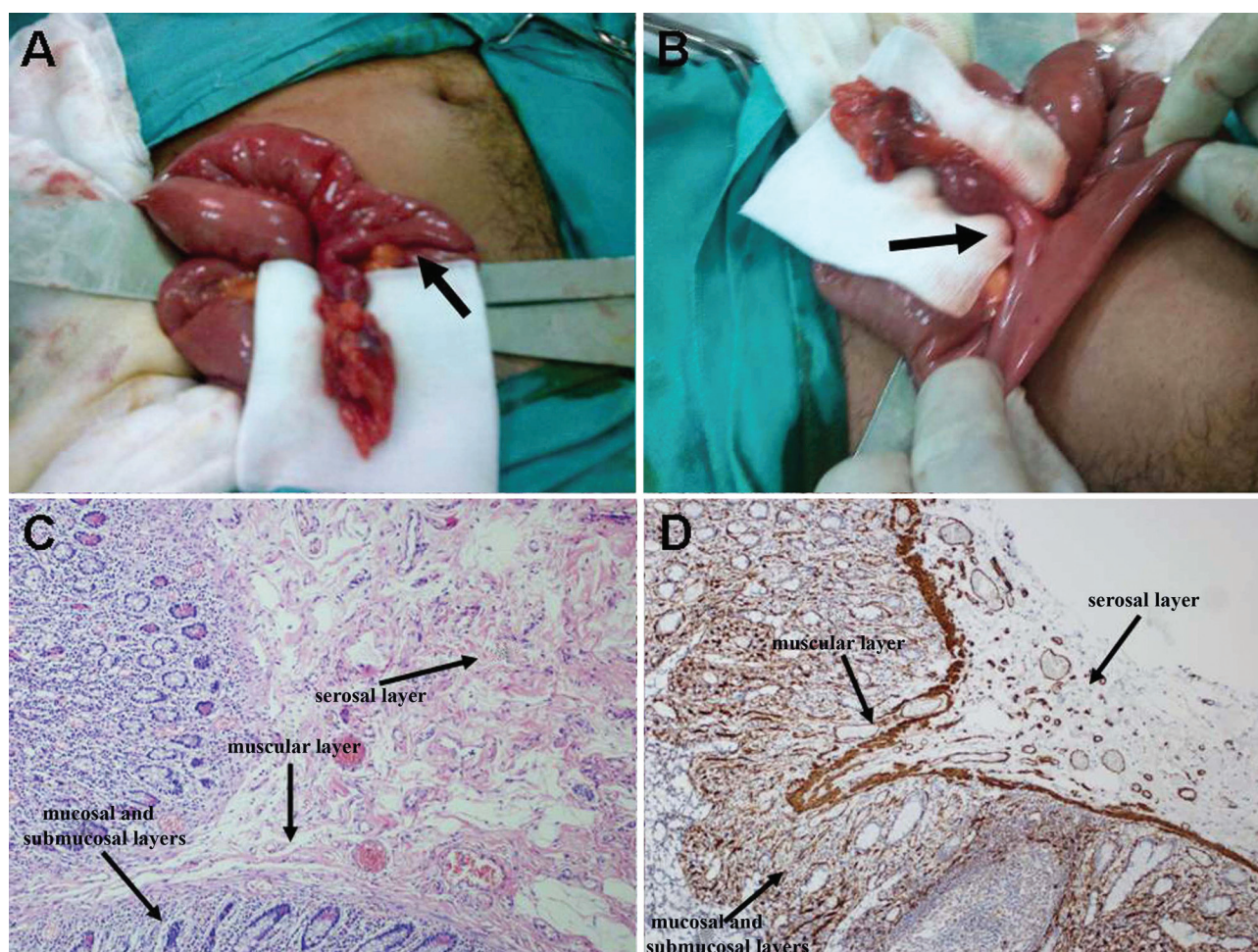


Figure 1. Illustration of the Meckel's diverticulum. (A) and (B) Intraoperative appearance of the Meckel's diverticulum. The arrows show the mesenteric location of the Meckel's diverticulum. (C) Histological examination of the specimen with hematoxylin and eosin stain (D) Histological examination of the specimen with smooth muscle actin stain.

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found on the mesenteric border of the small intestine, with its head and half of the body buried into the mesenteric fat. The buried part of the diverticular lesion was freed from the mesentery after a careful dissection. The diverticular lesion had a length of 9 cm and a diameter of 1 cm at the base, with a narrowed neck and an inflamed bun-shaped head (Figure 1A, 1B). A MD was initially suspected; however, a carcinoid tumor or small bowel duplication could not be ruled out in the differential diagnosis. The lesion was resected after appendectomy was completed. Histopathological examination of the specimens determined acute

appendicitis and MD with a thin muscular layer (Figure 1C, 1D).

Traditionally, MD is known as typically located on the antimesenteric border of the small intestine. However, there are a few reports showing mesenteric location of MD, as in our case (2,3).

In conclusion, we highlight herein that this atypical localization may lead to confusion during surgery in the differential diagnosis of other lesions such as carcinoid tumors, small bowel duplications or acquired jejunoileal diverticulosis, etc. (4,5). Although rare, an atypical mesenteric location of MD should be kept in mind.

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A case of intestinal obstruction due to ileocecal tuberculosis

İleoçekal tüberküloza bağlı barsak tıkanıklığı olgusu

To the Editor,

Intestinal tuberculosis (ITB) is an extrapulmonary form of TB. Early correct diagnosis is important to prevent undue morbidity and mortality, but it can be quite difficult since ITB has no specific symptoms and mimics other disorders such as inflammatory bowel diseases and cancer. In this

report, we present a case of intestinal obstruction due to ileocecal TB. The initial diagnosis suggested in our case was cancer of the cecum.

A 38-year-old male patient applied to our emergency department with complaints of abdominal pain, nausea, and vomiting for two days and a his-

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