

Severe obscure gastrointestinal bleeding from Meckel's diverticulum with predominant ectopic pancreatic tissue

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Ashan Jayawickrama¹, Omar Mohamed Ozaal¹ , Gayani Ranaweera²,
Nilesh Fernandopulle^{1,3} and Duminda Subasinghe^{1,3} 

Abstract

Obscure gastrointestinal bleeding represents about 5% of all gastrointestinal haemorrhages which is characterized by continuous or recurrent bleeding from an undetermined source after an initial bidirectional endoscopy. Meckel's diverticulum is a rare but recognized cause of obscure gastrointestinal bleeding. A carefully selected line of investigations is paramount to localize the causative lesion in obscure gastrointestinal bleeding which is a challenge in subacute cases. We present a case of 35-year-old female with thalassemia minor and mild anaemia presented with acute gastrointestinal bleeding from the ectopic pancreatic mucosa of an Meckel's diverticulum where only a small focus of gastric tissue was identified histologically during the follow-up. This case discusses the rarity of this histological presentation of Meckel's diverticulum as obscure gastrointestinal bleeding and the importance of intraoperative decision-making and intraoperative enteroscopy in cases of obscure gastrointestinal bleeding when other tests are negative.

Keywords

Meckel's diverticulum, ectopic pancreatic tissue, overt obscure gastrointestinal bleeding, diagnostic laparoscopy

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Introduction

Obscure gastrointestinal bleeding (OGIB) refers to persistent or recurrent bleeding that cannot be attributed to any conclusive source during the initial evaluation, which usually involves routine endoscopy.¹ The bleeding can be either visible (overt) or invisible (occult), depending on whether blood flow is apparent or not.² The small intestine is the most common location for OGIB. The causes of OGIB are vascular ectasia, small bowel tumours (gastrointestinal stromal tumours, adenocarcinomas, lymphoma, carcinoid and metastatic deposits), non-steroidal anti-inflammatory drugs or Crohn's induced ulcers and erosions. Aortoenteric fistula, Meckel's diverticulum (MD) and polyps are some of the other less-known causes of OGIB.³

MD is a common congenital abnormality of the gastrointestinal tract that affects approximately 2% of the general population. Most people with MD do not experience any symptoms, and it is often detected incidentally during surgery. However, in some cases, MD can cause serious complications such as intestinal obstruction, diverticulitis or gastrointestinal bleeding, which can significantly lower haemoglobin levels, particularly in adults.^{4–6} Other rare

complications include intussusception, hernia torsion, umbilical sinus or fistula and neoplasm.⁷ The incidence of complications is highest before the age of two and gradually decreases to almost none after 70 years.⁸ Incidence of MD-related complications is 1% after 40 years.⁸ Gastrointestinal bleeding is the most common presentation of MD.⁵ Ectopic glandular tissue in MD can be either gastric (~50%), endometrial, hepatobiliary, duodenal Brunner's glands and pancreatic mucosa or their combination.⁹

In practice, several techniques have been employed to identify MD with varied diagnostic efficacy such as Meckel's

¹University Surgical Unit, National Hospital of Sri Lanka, Colombo, Sri Lanka

²Department of Histopathology, Faculty of Medicine, University of Colombo, Sri Lanka

³Department of Surgery, Faculty of Medicine, University of Colombo, Sri Lanka

Corresponding Author:

Duminda Subasinghe, Department of Surgery, Faculty of Medicine, University of Colombo, 25, Kynsey Road, Colombo 08, Sri Lanka.

Email: dumindas1982.hpb@gmail.com

