

Case report:

Patent vitello intestinal duct: Case report

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Abstract:

Meckel's diverticulum is a true congenital diverticulum of GIT and found in approximately 2% of the population. Symptomatic Meckel's diverticulum occurs more in males compared with females in a ratio 2-4:1. Herewith we reported case of girl aged 18 years who had pain and discharge in the umbilical region on and off from childhood. She was referred to surgical O.P. In Ultrasonogram presence of well defined hypoechoic lesion measuring 13 x 5mm noted superficially in the umbilical region with a deep component measuring 14x12 mm extending deep to the peritoneum. Under G.A the granuloma at the base of the umbilical pit was scrapped out. Thereafter a thin sinus was observed there and it extended for about a cm into the umbilical pit and appeared to end blindly. The tract was excised, haemostasis obtained and umbilicus drained and the tissue was sent for histopathological examination. Obstruction, diverticulitis and ulceration and hemorrhage are said (Wilson) to account for most surgical emergencies due to Meckel's diverticulum. Complications of Meckel's diverticulum could be fatal, Early recognition leads to appropriate treatment.

Introduction:

Meckel's diverticulum is a true congenital diverticulum of GIT and found in approximately 2% of the population. Symptomatic Meckel's diverticulum occurs more in males compared with females in a ratio 2-4:1. Embryology: It is resulting from the incomplete regression of Omphalomesenteric duct (also called the Vitellino intestinal duct).¹ Among the people with Meckel's diverticulum approximately 5-6% will be symptomatic. It may have a persistent connection with umbilicus via a fibrous cord or a patent fistula. Its lining may consist entirely of intestinal mucosa but often it has heterotopic mucosa.² Majority of symptomatic patients are found to have

ectopic mucosa lined with gastric epithelium and in asymptomatic cases it is lined by normal intestinal epithelium.

Case presentation:

Herewith we reported case of girl aged 18 years who had pain and discharge in the umbilical region on and off from childhood. She was referred to surgical O.P. In Ultrasonogram presence of well defined hypoechoic lesion measuring 13 x 5mm noted superficially in the umbilical region with a deep component measuring 14x12 mm extending deep to the peritoneum. Under G.A the granuloma at the base of the umbilical pit was scrapped out. Thereafter a thin sinus was observed there and it extended for about a cm into the umbilical pit and appeared to end

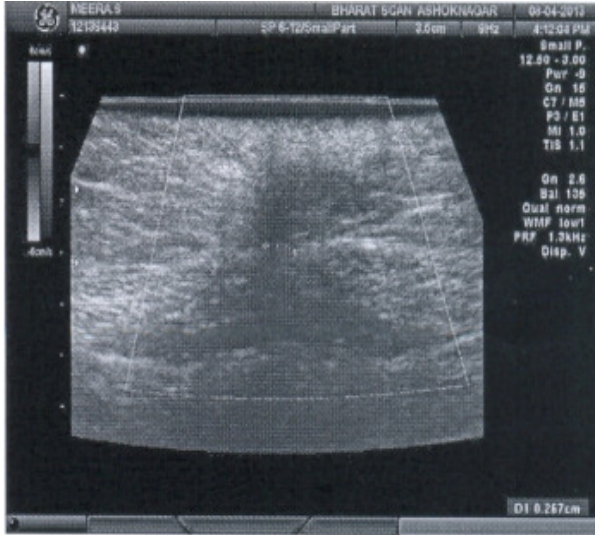
blindly. The tract was excised, haemostasis obtained and umbilicus drained and the tissue was sent for histopathological examination .

Biopsy report:

Macroscopic description: -

Three fragments of greyish white tissue measuring 0.2 cms

Microscopic description -Biopsy from umbilicus – Blunt tract shows intestinal type of epithelium and fibrous tissue – suggestive of umbilical sinus (Persistent Vitello - intestinal tract)



Discussion:

Anthony Stallion described the Meckel's diverticulum may remain attached to the umbilicus as a fibrous cord, a result of incomplete involution of vitelline structures. In the present study Meckel's diverticulum remained as a blind sinus near the umbilicus. According to Morlock and Bennett a Meckel's diverticulum which retains its connection to the umbilicus may unusually give rise to an external fistula later in life. In the present case we observed the blind sinus at the base of the umbilicus with recurrent granuloma^{3,4}

The percentage of presence of ectopic tissue may be found 12 to 55% resembles that of the small intestine or heterotopic pancreatic tissue by Johnson. In the present case the sinus is lined by the intestinal epithelium. Quite rarely heterotopic Pancreatic tissue is seen(Hunt and Bonesteel)

Conclusion:

Obstruction, diverticulitis and ulceration and hemorrhage are said (Wilson) to account for most surgical emergencies due to Meckel's diverticulum Complications of Meckel's diverticulum could be fatal, Early recognition leads to appropriate treatment.

References:

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