



## The Journal of Emergency Medicine

Volume 44, Issue 4, April 2013, Pages e321–e324



Clinical Communications: Adults

### Double Meckel's Diverticulum Presenting as Acute Appendicitis: A Case Report and Literature Review

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- <http://dx.doi.org/10.1016/j.jemermed.2012.11.001>, [How to Cite or Link Using DOI](#)
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Abstract

## Background

Meckel's diverticulum is the most common developmental anomaly of the gastrointestinal tract, affecting 1–3% of the general population. This anomaly is caused by incomplete obliteration of the omphalomesenteric duct during the 7th week of gestation and is located in the last meter of the ileum in 90% of patients. Meckel's diverticulum is often an incidental finding during a laparotomy for other causes, such as acute appendicitis, and occasional complications are bleeding, obstruction, diverticulitis, and perforation.

## Objective

Primary aim of this study was to present and share an extremely rare case of double Meckel's diverticulum.

## Methods

A 20-year-old woman who was admitted due to symptoms of right lower quadrant pain, nausea, and vomiting. A laparotomy with a McBurney's incision was performed because of a presumed diagnosis of acute appendicitis. The surgical exploration revealed a double Meckel's diverticulum localized 50 cm proximal to the ileocecal valve, but no acute appendicitis. The operation was finished after a diverticulectomy and appendectomy. No complications occurred during the postoperative follow-up.

## Conclusions

We conducted a literature review of studies published in the English language on double Meckel's diverticulum, accessed via PubMed, Medline, and the Google Scholar databases. We found only five case reports of such a Meckel's diverticulum variant.

## Keywords

- double Meckel's diverticulum;
- duplication;
- congenital anomaly;
- unusual presentation

Figures and tables from this article:



Figure 1. Intraoperative view of double Meckel's diverticulum.

[Figure options](#)

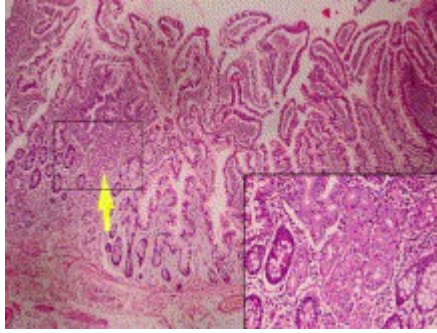


Figure 2. The fundic glands of the heterotrophic gastric mucosa intermingled with intestinal mucosa (hematoxylin and eosin,  $\times 40$ ,  $\times 200$ ).

[Figure options](#)

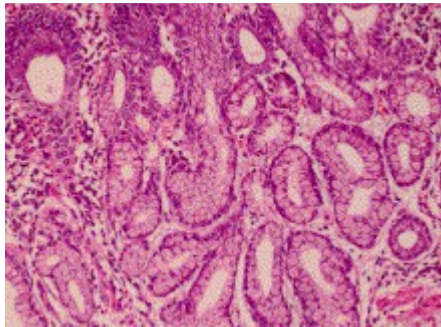


Figure 3. The heterotrophic glandular structures related to the gastric antrum (hematoxylin and eosin,  $\times 20$ ).

[Figure options](#)

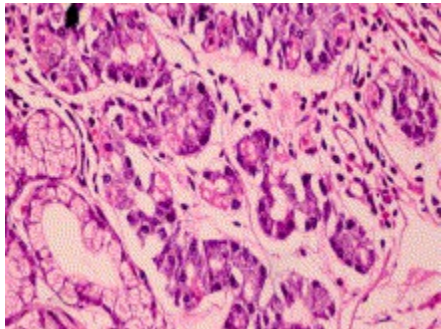


Figure 4. Heterotrophic pancreatic acini and glandular structures related to the gastric antrum (hematoxylin and eosin,  $\times 200$ ).

[Figure options](#)

The authors declare that there is no conflict of interest.



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