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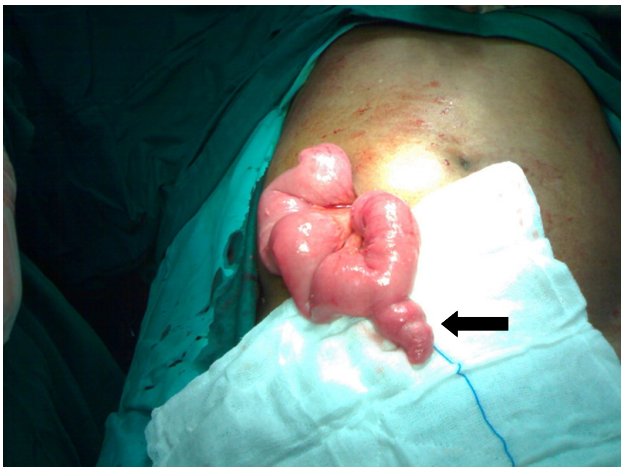

A 30-year-old man presented with history of pain abdomen, vomiting, fever and loose motion for two days. The pain was located in the right lower quadrant of the abdomen. General examination showed his pulse rate to be 94 per minute and blood pressure was 130/72 mmHg. Abdominal examination revealed tenderness in the right iliac fossa along with rebound tenderness. A clinical diagnosis of acute appendicitis was made and patient was subjected to an open appendicectomy. During surgery, patient was found to have an inflamed, gangrenous appendix which was removed. While demonstrating our undergraduate students, we unexpectedly found an interesting finding (**Panel** indicated by arrow).

What is the diagnosis?

***Answer**: refer to page 171*

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(*Refer to page 155*)

Answer: Meckel's diverticulum

Meckel's diverticulum is the most common congenital malformation of the gastrointestinal tract due to persistence of the congenital vitello-intestinal duct. [1] Although first described by Fabricius Hildanus in 1598, the name derives from the German anatomist Johann Friedrich Meckel who in 1809 described the embryological and pathological features. [1]

Meckel's diverticulum is well known by rule of two: present in approximately 2% of the population, two feet from the ileocaecal junction and measures two inch long. [1] There can be anatomical variations.

It is one of the differential diagnosis of acute appendicitis and is usually discovered intra-operatively. [2] The majority of Meckel's diverticulum are silent and are discovered incidentally during surgery. A Meckel's diverticulum should always be suspected during surgery when one finds the appendix to be normal in a patient operated for suspected acute appendicitis. The clinical diagnosis of a Meckel's diverticulum is rarely considered preoperatively in adult. [3]

Common complications associated with a Meckel's diverticulum include gastrointestinal bleeding, intestinal obstruction, intussusceptions, diverticulitis and perforation. [3]

The treatment of choice for the symptomatic Meckel's diverticulum is surgical resection. Incidentally discovered Meckel's diverticulum should be left in place.

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