

Dual Pathology

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INTRODUCTION

A 18 years old girl presented with complain of right iliac fossa pain of three day duration, nauseating feeling and two episode of vomiting. On physical examination, she had tenderness in right iliac fossa medial to Mcburney's point. Her haemogram revealed elevated total count and neutrophilia. Ultrasound showed mildly inflamed appendix. Appendectomy was done with Lanz incision and intra peritoneal another tubular structure of 6cms length was found around 30cms from ileocecal junction in the anti mesenteric border of ileum [Table/Fig-1] and [Table/Fig-2].



[Table/Fig-1]: Tubular structure along the anti mesenteric border of ileum

Histopathology showed Meckel's Diverticulum(MD) with ectopic gastric mucosa and appendix with trans mural inflammation.

MD is one of the most commonest anomaly of gastrointestinal tract. It is due to persistent omphalomesenteric (vitelline duct), usually seen in 2% of the population mostly in males. In infants they present as painless bleeding or infrequently present as intussusception or volvulus [1].



[Table/Fig-2]: Tubular structure along with appendectomy Specimen

In adults most commonly seen in males, they can mimic features of appendicitis as seen in our case. Ideal investigation of choice would be Technetium 99 scintigraphy . Computerised tomography scan and colonoscopy evaluation is helpful but there should be high index of suspicion [2]. Wedge excision or segmental resection of ileum is the treatment although later is recommended as usually there is ectopic gastric or pancreatic tissue [3].

REFERENCES

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