

# Gastrointestinal and Liver Pathology at Rush

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## Case of the month – August 2009

*Contributed by Drs. Ajay Patel and Shriram Jakate*

### **Diagnosis: Meckel's diverticulum with heterotopic gastric mucosa.**

Sections show a diverticulum lined by small intestinal mucosa with heterotopic gastric mucosa which likely led to the gastrointestinal bleeding. Thus, the diagnosis is a Meckel's diverticulum.

Meckel's diverticulum is a persistent omphalomesenteric or vitellointestinal duct (failure to involute) which affects 1% to 4% of the population. Typically, the lesion is asymptomatic with males and females affected equally, but males become symptomatic more often. It always lies on the anti-mesenteric ileal border. In infants, it occurs 30 cm proximal to the ileocecal valve and in adults, it occurs within 100 cm of the ileocecal valve. A fibrous band may connect the diverticulum to the umbilicus, intestinal loops, mesenteries, or other abdominal structures. The diverticulum usually varies from 3 to 5 cm in length with a narrow lumen. Normally, small intestinal epithelium lines the diverticulum with heterotopic pancreatic tissue commonly present. This heterotopia usually presents as a nodular mass close to the tip of the diverticulum which can often lead/cause to an intussusception or obstruction. Heterotopic gastric mucosa can lead to peptic ulceration, bleeding, or perforation. Other types of heterotopia include duodenal, jejunal, colonic, or biliary epithelium. Tumors may also form in the diverticulum. Complications include hemorrhage from peptic ulceration, intestinal obstruction, secondary diverticulitis, intussusception, volvulus, adhesions, or tumor.

#### Reference:

C. Fenoglio-Preiser, A. Noffsinger, G. Stemmermann, et al. Gastrointestinal Pathology: An Atlas and Text. 3<sup>rd</sup> Ed. Philadelphia, PA: Williams & Wilkins, 2008.