

## Luminal duplication wireless capsule endoscopy detection of Meckel's diverticulum

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An 18-year-old man presented with dizziness and melena. He had no relevant past medical history. Laboratory workup was relevant for a hemoglobin of 7.1 g/dL. Two red blood cell transfusions were administered and, subsequently, an upper endoscopy and ileocolonoscopy were performed, which showed no lesions nor active bleeding. Abdominal computer tomography scan also did not reveal suspicious lesions. Due to hemodynamic instability, an urgent abdominal angiography was performed, again without identifying the source of bleeding. Video capsule endoscopy (VCE) was performed and revealed the findings shown on Fig. 1. The patient was submitted to an enterectomy (Fig. 2) and the histological exam of the surgical specimen is shown on Fig. 3. What is your diagnosis?

Meckel's diverticulum (MD) is the most common congenital malformation of the gastrointestinal tract. In adults, it is usually clinically silent, but can be found

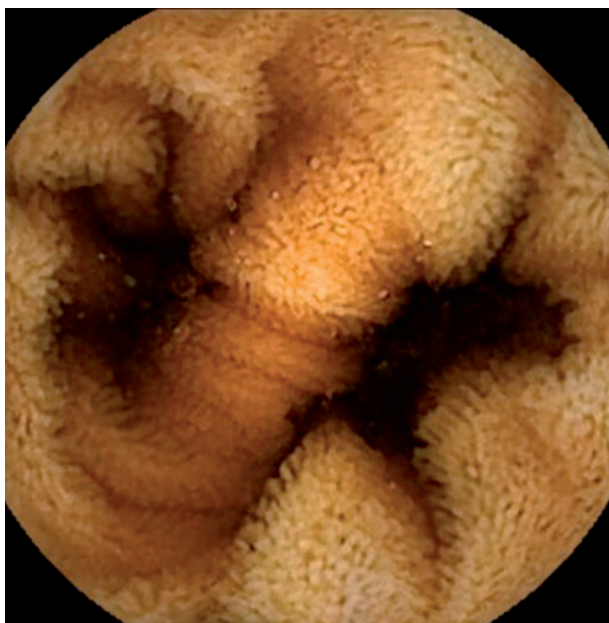


Fig. 1. — VCE (PillCam® capsule endoscopy system SB3) imaging showing a luminal duplication.



Fig. 2. — Resected specimen.

incidentally, or may present with a variety of clinical manifestations including gastrointestinal bleeding. In our case, VCE revealed a luminal duplication suggestive of a MD. The histological exam revealed heterotopic ectopic gastric mucosa in the resected diverticulum, thus confirming the diagnosis. The patient recovered

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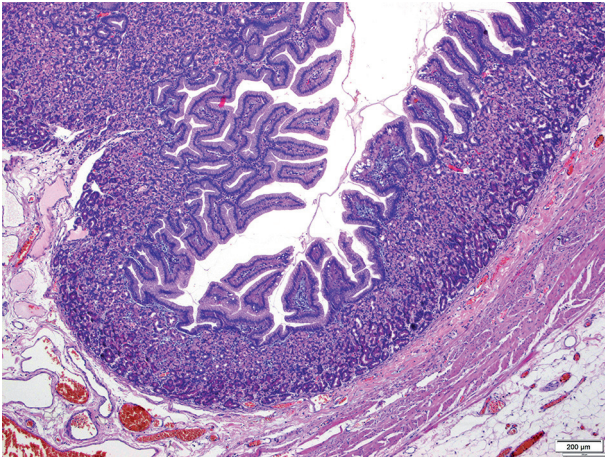


Fig. 3. — Histological image of the surgical specimen showing ectopic gastric mucosa (oxyntic glands) - hematoxylin-eosin, original magnification  $\times 40$ .

well, without bleeding recurrence. The described case illustrates the difficulty of diagnosing MD and the usefulness of the VCE in the investigation of obscure gastrointestinal bleeding.