A case of redundant cecum with giant meckel’s diverticulum presenting with frequent episodes of subacute intestinal obstruction

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Description
Intestinal obstruction is one of the most common cause for acute abdomen. However redundant cecum whose incidence is 10% causing intestinal obstruction is very rare. This is case of a female who presented to us with the complaints of on and off pain in the abdomen since 2-3 months which aggravated in 15 days. On examination per abdomen was tender on the right side and rest of the examination was within normal limit. Patient was subjected to contrast enhanced CT of abdomen and pelvis which was suggestive of redundant cecum rest all the findings were normal. Patient was planned for exploratory laparotomy under general anaesthesia which showed freely mobile cecum with presence of meckel’s diverticulum approximately 2 feet from the ileocecal junction. Intraoperatively cecopexy was done and resection and anastomosis was done for the Meckel’s diverticulum.

Figure 1: Intraoperative picture shows the presence of giant Meckel’s diverticulum with redundant cecum with ileocecal junction.

Citation: Singh SP, Yeshwant R. A case of redundant cecum with giant meckel’s diverticulum presenting with frequent episodes of subacute intestinal obstruction. J Clin Images Med Case Rep. 2022; 3(5): 1850.