

## Unusual Cause of Intestinal Bleeding in a Young Male

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### Description

A 41-year-old man with a history of irritable bowel syndrome was admitted to hospital with haemorrhagic shock secondary to digestive haemorrhage, characterised by melena and haematochezia, complicated by malaise. Inclusion haemoglobin was 9.8 g/dL.

After vascular filling, IV PPI therapy and transfusion of a single packed red blood cell, two esophagoduodenoscopies were performed, with no evidence of bleeding. Rectosigmoidoscopy revealed red and digested blood in the colonic mucosa, with no visible lesions.

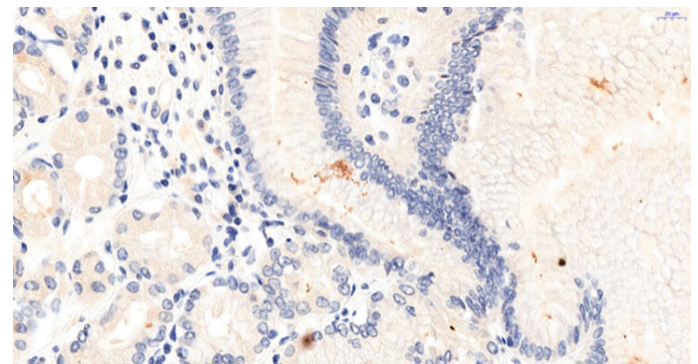
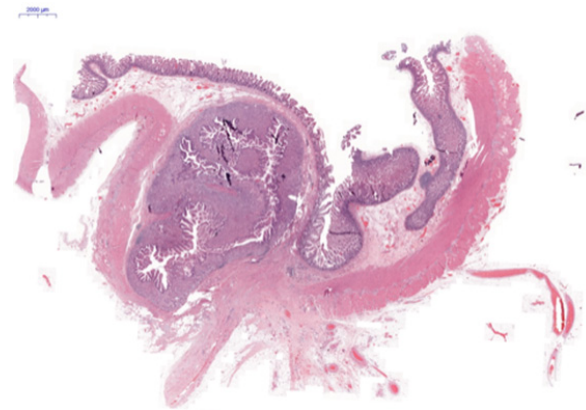
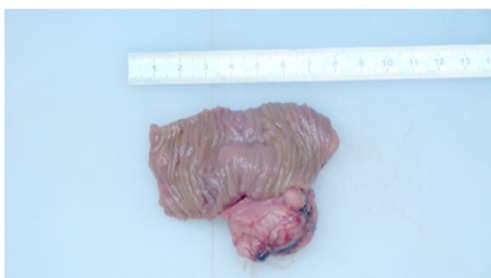
Abdominal computed tomography described a well-limited 16 mm rounded formation in continuity with the mesenteric side of ileum lumen, without digestive parietal thickening or extravasation of contrast products.

Further investigations using an endoscopic capsule inserted revealed active bleeding in the proximal third of the small intestine corresponding to the lesion seen on the CT scan.

Given the active intestinal haemorrhage on capsule endoscopy, diverticulectomy was successfully performed, approximately 80 cm from the ileocaecal valve, without confirmation by technetium-99 scintigraphy.

### Teaching Point

**Photograph A** shows macroscopically the diverticular formation within the resected segment. **Figure B** show the diverticular formation invaginating under the ileal mucosa through the submucosa and muscularis propria, bordered by a fundic



mucosa. **Figure C** reveals rare *Helicobacter pylori* bacteria in gastric epithelium.

Interestingly, this case of digestive hemorrhage was due to Meckel diverticulum bleeding with *Helicobacter Pylori* infection, uncommonly located on the mesenteric side.

Meckel's diverticulum is a persistent congenital remnant of the omphalomesenteric duct, detected in around 2-3% of the population [1], classically from the antimesenteric border of the ileum [2,3]. Often clinically silent, it may manifest as gastrointestinal bleeding due to ulcers through acid secretion by ectopic gastric cells, abdominal pain, intestinal obstruction, perforation, diverticulitis or rarely, vesicodiverticular fistulas and tumors [4]. *Helicobacter pylori* infection of heterotopic mucosa in Meckel's diverticulum is rare, reported as 2.25% in a recent review of the literature [5]. Surgical treatment should be considered for symptomatic forms.

**References**

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