Capsule retention in a giant Meckel's diverticulum containing multiple enteroliths

A 58-year-old man presented to hospital with diffuse abdominal pain, melena, and iron-deficiency anemia. Gastroscopy and colonoscopy were unremarkable. Wireless capsule endoscopy (WCE) (PillCam SB2; Given Imaging, Yoqneam, Israel) was then carried out. The video sequence showed the capsule passing through a narrow orifice of the distal ileum into a cavity containing multiple enteroliths swirling in a greenish fluid with debris (Figs. 1 and 2). Small ulcers were also demonstrated near the orifice in the bowel lumen. The capsule remained within the cavity until the battery was exhausted.

Consequently, computed tomography (CT) demonstrated a dilated part of the bowel at the right abdomen, filled with enteral contrast and containing a hyperdense foreign body – corresponding to the capsule – and multiple ovoid structures, each with a thick rim of intermediate density and low-density center (Fig. 3).

The patient was operated on, and a giant enteral diverticulum (**Fig. 4**) containing the capsule and four enteroliths was found (**Fig. 5**).

Histological examination proved this to be a Meckel's diverticulum with few small ulcers, without the presence of ectopic gastric mucosa.

Obscure gastrointestinal bleeding is the most common indication for WCE, yielding high detection and low retention rates [1]. Crohn's disease, neoplasia, abdominal radiation injury, prolonged nonsteroidal anti-inflammatory drug use, and previous major abdominal surgery or small-bowel resection are the most common reasons for capsule retention [1]. There are few reported cases of capsule retention in a small-bowel diverticulum, either a simple diverticulum or Meckel's diverticulum [2-4]. Meckel's diverticula that do not have gastric mucosa - like in our case create a more alkaline environment, promoting precipitation of calcium and other minerals essential for enterolith formation [5]. It has been reported that only 10% of Meckel's diverticula contain enteroliths

To our knowledge, this is the first report of WCE providing images of a Meckel's diverticulum containing enteroliths.

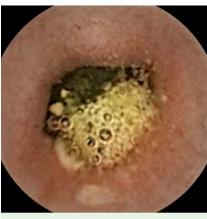


Fig. 1 Wireless capsule endoscopy (WCE) showing the narrow orifice in the distal ileum which leads to a cavity (the greenish structure behind) containing enteroliths.

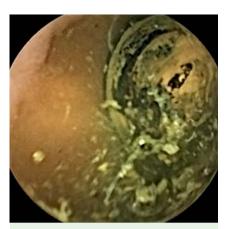


Fig. 2 Wireless capsule endoscopy (WCE) image of an enterolith inside the Meckel's diverticulum.

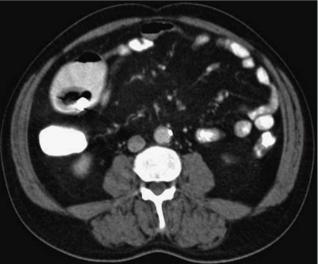


Fig. 3 Computed tomography (CT) image demonstrating a dilated part of the bowel, filled with the enteral contrast (given orally), and containing the capsule and multiple enteroliths, each with a thick rim of intermediate density and low-density center.



Fig. 4 Gross specimen of the Meckel's diverticulum. Some of the enteroliths are shown.



Fig. 5 Meckel's enteroliths and the capsule. Each enterolith is laminated, probably due to chronic and progressive formation.

Endoscopy_UCTN_Code_CPL_1AI_2AB

Competing interests: None

N. Courcoutsakis¹, M. Pitiakoudis², K. Mimidis³, S. Vradelis³, E. Astrinakis¹, P. Prassopoulos¹

- Department of Radiology and Medical Imaging, Democritus University of Thrace, Alexandroupolis, Greece
- ² 2nd Department of Surgery, Democritus University of Thrace, Alexandroupolis, Greece
- ³ Endoscopic Unit, 1st Department of Internal Medicine, Democritus University of Thrace, Alexandroupolis, Greece

References

- 1 *Liao Z, Gao R, Xu C, Li ZS.* Indications and detection, completion, and retention rates of small-bowel capsule endoscopy: a systematic review. Gastrointest Endosc 2010; 71: 280 286
- 2 Giday SA, Pickett-Blakely OE, Buscaglia JM, Mullin GE. Capsule retention in a patient with small-bowel diverticulosis. Gastrointest Endosc 2009; 69: 384–386
- 3 *Tanaka Y, Motomura Y, Akahoshi K et al.* Capsule endoscopic detection of bleeding Meckel's diverticulum, with capsule retention in the diverticulum. Endoscopy 2010; 42: 199 200
- 4 *Ordubadi P, Blaha B, Schmid A et al.* Capsule endoscopy with retention of the capsule in a duodenal diverticulum. Endoscopy 2008; 40: 247 248
- 5 Pantongrag-Brown L, Levine MS, Buetow PC et al. Meckel's enteroliths: clinical, radiologic, and pathologic findings. Am J Roentgenol 1996 Dec; 167: 1447 1450

Bibliography

DOI 10.1055/s-0030-1256641 Endoscopy 2011; 43: E308 – E309 © Georg Thieme Verlag KG Stuttgart · New York · ISSN 0013-726X

Corresponding author

N. Courcoutsakis, MD D(Med)Sci

Department of Radiology and Medical Imaging University Hospital of Alexandroupolis 68100 Alexandroupolis Greece

Fax: +30-255-1030312 ncourcou@med.duth.gr