

COMPLICATED MECKEL DIVERTICULUM DURING PREGNANCY

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Introduction. Diverticulum Meckel (DM) is one of the most common abnormalities of the gastrointestinal tract. It is a rare cause of acute abdomen in pregnancy and is a real diagnostic challenge.

Purpose. Research of the specialty literature and highlighting the particularities of evolution, diagnostic characteristics and management of the complicated DM in pregnancy.

Material and methods. Analysis of bibliographic sources and available data from PubMed and Google Scholar using the mesh terms: "Meckel diverticulum", "acute abdomen", "pregnancy", "complicated Meckel diverticulum", "symptomatic Meckel diverticulum" with the identification of 31 cases of complicated DM in pregnancy reported in the period 1949-2019.

Results. The mean age - 25.6 ± 0.9 years. Term of gestation: 1st trimester (n=2), 2nd trimester (n=14), 3rd trimester (n=13). In 4 cases the diagnosis of complicated DM was established preoperatively. Management – elective surgical, in one case - conservative approach with surgical intervention postpartum. Intraoperative picture: perforation, diverticulitis, invagination, obstruction and torsion. At histological examination ectopic tissue: pancreatic - 2 cases, gastric - 1, gastric and pancreatic - 1. Most cases full-term birth, concomitant cesarean section - 3 cases, premature birth - 2.

Conclusions. Complicated DM in pregnancy is rare and becomes a diagnostic challenge. The usefulness of imaging methods is not demonstrated. The management of DM in pregnancy does not differ from the usual strategy, the volume of surgery being dependent on the intraoperative findings.

Keywords. Meckel diverticulum, complication, pregnancy

