LETTER TO EDITOR (VIEWERS CHOICE)

LITTRE'S HERNIA-MECKEL'S DIVERTICULUM STRANGULATED IN AN UMBILICAL HERNIA

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A 3 months 17 days old infant boy came to our emergency room with complaints of painful umbilical swelling of 1 day duration. On examination, there was an induration of 5 cm around the umbilicus which was warm and tender with a shiny skin over the swelling. However, his vitals were stable and the rest of systemic examination was unremarkable. On investigation blood counts, CRP, serum electrolytes were all normal. USG abdomen was suggestive of strangulated umbilical hernia (UH) with probable small bowel necrosis. Laparoscopically, the content of umbilical hernial sac was pulled down and noted to have Meckel’s diverticulum (MD) (Figure 1, 2) located 10 cm from anti-mesenteric border of terminal ileum. The base was 2 cm wide and 1 cm long and it was completely gangrenous throughout its length (Figure 3). Laparotomy through a sub-umbilical incision was done, the MD was resected and end-to-end anastomosis (Figure 4) was done followed by umbilicoplasty. The postoperative period was uneventful and child was discharged after seven days.

Figure 1.

Figure 2.

Figure 3.

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Littre’s hernia (LH) is the protrusion of MD through a potential abdominal opening with a container sac. The common site being inguinal and rarely umbilical. MD is a remnant of persistent vitello-intestinal duct or omphalomesenteric duct which is seen in the antimesenteric border and is the most common congenital abnormality of the gastrointestinal tract. The clinical presentation of MD includes hemorrhage, obstruction, diverticulitis, intussusception or perforation. Congenital UH is due to an incomplete closure of the umbilical ring or due to the weakness of the fascia around the ring leading to the protrusion of the abdominal viscera. Very often, umbilical hernia closes spontaneously in the first three to four years of life; thus, they are rarely operated.

The strangulation of umbilical hernia is rare & strangulation of a MD in an UH is even rarer.

Preoperative diagnosis of Littre’s hernia and its clinical differentiation from other forms of hernia are still almost impossible. We hereby report a case of strangulated MD contained in an UH.

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**References:**