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## Rupture of Meckel's diverticulum in the early post caesarean delivery period- a diagnostic dilemma

Gerald O Udigwe,<sup>1,3</sup>Lambert C Onyejiaku,<sup>1</sup>Odili A Okoye,<sup>2</sup> Clifford I Nweke,<sup>3</sup> Ifeoma B Udigwe<sup>4</sup>Jude O Adike.<sup>3</sup>

<sup>1</sup>Department of Obstetrics and Gynaecology, Nnamdi Azikiwe University Teaching Hospital Nnewi

<sup>2</sup>Division of General Surgery, Department of Surgery, Nnamdi Azikiwe University Teaching Hospital Nnewi

<sup>3</sup>Obioma Specialist Hospital Nnewi Anambra State.

<sup>4</sup>Department of Community Medicine Nnamdi Azikiwe University Teaching Hospital Nnewi.

**Correspondence:** Gerald O Udigwe [geraldudigwe@yahoo.com](mailto:geraldudigwe@yahoo.com)

Objective was to highlight the need to think outside the box when we encounter unusual complications following a routine procedure or surgery we document the patient's management from presentation to discharge, highlighting the diagnostic dilemmas encountered in the course of management.

We present a 30-year-old G3P<sub>1+1</sub> 1 alive unbooked lady who presented at our facility at a gestational age of 38<sup>th</sup> completed weeks. She was worked up for elective Caesarean section on account of one previous Caesarean section, a previous laparotomy for ectopic pregnancy and an umbilical hernia with a draining (discharging) sinus.

The elective Caesarean section was uneventful however and she was commenced on graded oral sips on the second post-operative day. On the 3<sup>rd</sup> post-operative day, patient complained of abdominal pain which progressively became worse with distension. There was also associated increase in bowel motion with passage of watery stool with normotensive bowel sound. As a result of worsening abdominal pain and accompanying fever, oral feeding was stopped and abdominal X-ray (erect and supine) was done which was not remarkable apart from a little gas under the diaphragm.

The abdomen was subsequently re-explored 5 days after Caesarean section. Intra-operatively, about 600ml of faeculent fluid was evacuated. An associated finding of ruptured Meckel's diverticulum was identified 5cm from the ileo-caecal junction. It was about 6cm long with a base of 2cm. A segmental ileal resection, including the Meckel's diverticulum, and anastomosis was done. The patient made remarkable recovery following the surgery and was discharged home ten days later.

Conclusion: Rupture of Meckel's diverticulum in pregnancy or postpartum period is very rare. Appropriate treatment should be offered to avoid unnecessary morbidity or mortality.

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