

Meckel's diverticulum

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- A 4-year-old presenting with a haemoglobin level of 40 g/L - will most likely have bled from an ulcer adjacent to a Meckel's diverticulum containing ectopic gastric mucosa (Figure 17.12) . A technetium scan may demonstrate ectopic gastric mucosa (Figure 17.13) . A Meckel's diverticulum may also be complicated by an obstructing band between the diverticulum and the umbilicus , diverticulitis, intussusception, intestinal volvulus or perforation.

Figure 17.12 Meckel's diverticulum containing ectopic gastric mucosa. Figure 17.13 A positive Meckel's scan.

Coins and other foreign bodies are often swallowed and, if radio-opaque, are seen on a plain radiograph. Oesophageal objects are removed endoscopically under general anaesthesia. Oesophageal button batteries must be removed within hours as they can perforate into the trachea or aorta. Once beyond the cardia, most objects pass in a few days. Batteries in the stomach are removed urgently or followed closely with repeat radiographs. The need to remove sharp objects depends on their size, location and the age of the child. Ingested magnets can cause entero-enteric fistulae when they fix to one another in adjacent loops of bowel. Inhaled foreign bodies cause sudden-onset coughing and stridor. If there is worsening dyspnoea or hypoxia in an infant they should be given back blows in a head-down position. Abdominal thrusts (Heimlich manoeuvre) are reserved for older children. A foreign body in a bronchus is suggested by a unilateral wheeze, decreased transmitted breath sounds and a hyperinflated lung on an expiratory chest radiograph. Rigid bronchoscopy with a ventilating bronchoscope facilitates removal. Meckel's diverticulum

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