

Meckel Diverticulum

Patient Information Series – What you should know, what you should ask.

What is a Meckel Diverticulum?

The small bowel (intestine) is normally a continuous tube of the same size throughout each of its different segments. A Meckel Diverticulum happens when there is a protrusion, or outpouching of the bowel wall at the end of the small bowel. This is a rare finding in fetuses during the pregnancy. Approximately 2 out of 100 children are found to have a Meckel Diverticulum by age 2.

How is Meckel's diverticulum detected?

A Meckel Diverticulum is typically seen during pregnancy as a dilated loop of bowel in the baby during an ultrasound examination. They can sometimes be seen at the time of the 11-13 week scan. Most cases are identified at the time of the 20-week ultrasound.

What causes Meckel diverticulum?

In very early pregnancy, the developing baby receives food through a small tube which connects a structure called the yolk sac to the bowel. Before 8 weeks of pregnancy, this tube normally disappears, and the small bowel becomes completely separate from the yolk sac. If this connection remains, it can result in a variety of bowel problems, the most common one being a Meckel Diverticulum.

Should I have more tests done?

You will likely be offered tests to help determine the reason for the dilated loop of bowel. The exact tests offered will depend on whether your baby has other anomalies, your medical and pregnancy history, and results from any earlier testing you may have had. You may also be offered a consultation with a Genetic Counselor, a medical professional with special training in genetic conditions.

Tests that may be offered include:

- **Detailed ultrasound examination:** This is to carefully look at your baby for any other ultrasound anomalies. Ultrasound can identify many but not all anomalies.
- **Amniocentesis:** This is a test that removes a small amount of water from around the baby with a thin needle. This can be used to perform genetic diagnostic tests and look for infections.
- **Cell-free fetal DNA:** This is a blood test that looks at your baby's cells that are in your blood. It is a very good genetic screening test for certain conditions, such as Down syndrome, but it is not as accurate as an amniocentesis.
- **Maternal blood test for cystic fibrosis:** Because cystic fibrosis is a genetic condition that can cause a dilated loop of bowel in your baby, testing will often be offered, if you have never been tested for it. Your results will never change, so, if you have been tested before, there is usually no need to test again.

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What are the things to watch during pregnancy?

Because the appearance of the bowel and dilated bowel loops may change over time, additional ultrasound exams may be performed during pregnancy to assess the size, location and appearance of the dilated loop of bowel. Later in pregnancy, it is easier to evaluate the rectum, anus and amount of fluid around the baby. Sometimes what initially appears to be a Meckel Diverticulum may turn out to be a normal bowel loop, or additional findings may point to another diagnosis later in the pregnancy.

What does it mean for my baby after it is born?

After the baby is born, the pediatrician will perform a physical exam and may suggest further tests to better understand what was seen on ultrasound during the pregnancy. These tests are done to better see the bowel. They may include x-rays, ultrasound and MRI. A surgeon may be consulted to determine if the baby should have an operation to remove the Meckel Diverticulum prior to leaving the hospital or whether waiting until the baby is older would be preferable.

Some babies with a Meckel Diverticulum may develop a blockage in their bowel after birth. Sometimes, babies are fine for months or even years. If the baby goes home from the hospital without having surgery, the baby should be watched for pain or swelling of the tummy, bleeding in the stools, or vomiting. If the baby has any of these symptoms, the pediatrician should be notified immediately.

Fortunately, most children who have had Meckel diverticulum have no long-term problems and are otherwise healthy. Long term complications are very rare. Some children will have problems with scarring, which can lead to a blockage of the bowel and need for additional surgery, and problems with digestion if a large amount of bowel needs to be removed along with the Meckel diverticulum.

What other questions should I ask?

- Are there any other abnormalities on the ultrasound?
- Should I have any additional genetic testing?
- How often will I have ultrasound examinations done?
- Will my baby need surgery after delivery?
- Where will the baby receive the best care after it is born?
- Can I meet in advance the team of doctors that will be assisting my baby when it is born?

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