CASE FILE · USG ABDOMEN · EMERGENCY

A *Twist* in the Tail

Meckel's diverticulum → torsion of the adjacent loop → gangrene

A 21 yrs old female with acute abdominal pain and vomiting

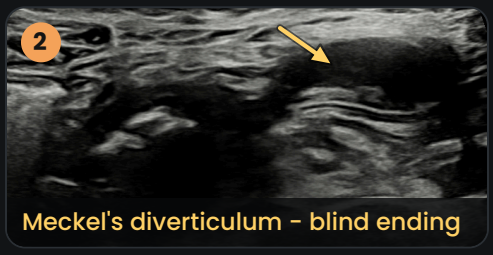
A Weekly Radiology Odyssey

ULTRASOUND

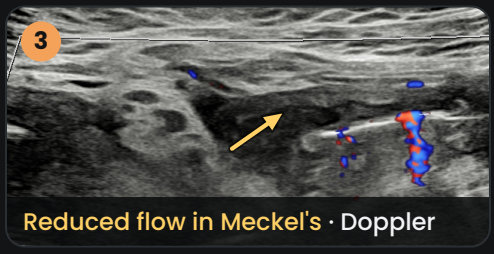
Linear · TVS · Power Doppler



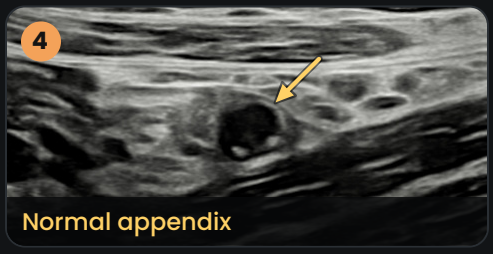
TVS: dilated loop with absent flows



Meckel's diverticulum - blind ending



Reduced flow in Meckel's · Doppler



Normal appendix

USG IMPRESSION

Dilated pelvic loop with absent flows, poor wall flow, adjacent blind ending tubular structure with suspicious twisting of mesentery — **? Meckel's with torsion and ischaemic changes**.

HOW THE TWIST HAPPENS



1 · THE CULPRIT
A true diverticulum



2 · THE PIVOT
Loop spins around it

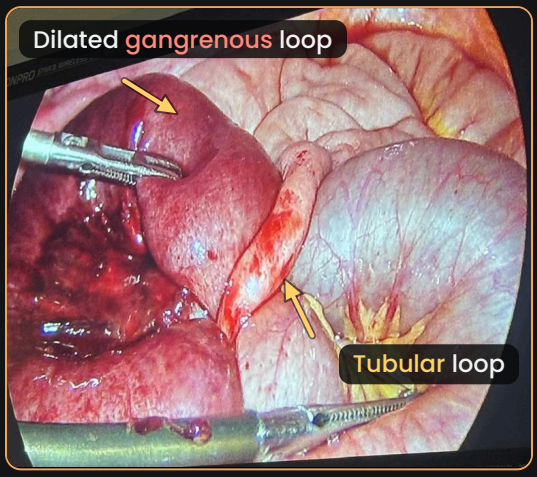


3 · GANGRENE
Closed loop, no flow

Gujarat Diagnostic Care Plus
24/7 1.5T MRI | CT SCAN | XRAY 24/7

LAPAROSCOPY

Surgical correlation



FINAL DIAGNOSIS

Meckel's diverticulum causing torsion of an adjacent bowel loop, with gangrene

Management — gangrenous loop resected with Meckel's, with anastomosis.

TEACHING POINTS

RULE OF 2s *approximate*

2%	2 ft	2 in	2 types	2 yrs	2:1
of people	from ICV	long	ectopic	age	M : F

1. **Children bleed, adults obstruct —** bleeding from ectopic gastric mucosa; obstruction from volvulus or torsion, intussusception or a Littré hernia.
2. **USG clues —** blind-ending, non-compressible tube with gut signature arising from an ileal loop; a normal appendix is seen separately 4.
3. **Red flags —** a whirl in the mesentery and a thick-walled loop with reduced or absent Doppler flow: think strangulation.

TAKE-HOME MESSAGE

Pain and vomiting? Find the *blind-ending loop with gut signature*, then check its mesentery for a twist.

OPERATING SURGEON
Dr Parth Dave

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Dr Abhishek Agarwal

Poster: Dr Abhishek Agarwal · Consultant Radiologist (DNB)