

Meckel's Diverticulum Mimicking Crohn's Disease in a 34-Year-Old Female: A Diagnostic Challenge

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ABSTRACT

Meckel's diverticulum (MD) is a rare congenital anomaly that may present in adulthood with nonspecific abdominal symptoms, often mimicking inflammatory bowel diseases such as Crohn's disease (CD). Accurate diagnosis remains challenging due to overlapping clinical and radiologic features. A 34-year-old female presented with a six-month history of recurrent right lower quadrant pain. Initial CT was suggestive of "cecal diverticulitis vs Crohn's disease." Investigations were negative for inflammatory markers, fecal calprotectin, and typical CD features on MRI scans. Collectively, these findings ruled out inflammatory bowel disease as the cause of pain. MRI with contrast provided evidence of a blind-ended tubular structure stemming from the distal ileum with mural thickening and mucosal hyperenhancement, all of which were suggestive of MD with possible ectopic gastric mucosa. Ovarian endometriosis (2.5 cm) and uterine fibroid emerged as incidental findings, while clinical and anatomical correlations helped exclude gynecological reasons as a possible pain causative. Patient underwent diverticulectomy with resection of 15 cm of inflamed colon after the diagnosis of MD. This case study illustrates a comprehensive approach for preoperative diagnosis of MD to avoid unnecessary immunosuppressive therapy. It underscores that gynecological reasons should be explored in patients of reproductive-age when presented with unexplained abdominal pain. Similarly, a high suspicion index must be ensured for adults with right lower quadrant pain in the absence of inflammatory markers or symptoms strongly mimicking Crohn's Disease.

Keywords: *Inflammatory Bowel Diseases, Abdominal Pain, Diverticulitis, Magnetic Resonance Imaging, Incidental Findings, Ileum.*

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