Meckel's Diverticulum: Is This the Time for a Large Multicentric Study?

Sir,

We read with interest the article of Rattan *et al*.[1] published in the last issue of the journal.

First of all, we would like to congratulate the authors for their large 12-year experience about symptomatic Meckel's diverticulum (MD). Our attention has been attracted by 3 data: 14 patients operated for symptomatic MD under 1 year of age, 7 patients with MD who caused internal hernia and the surgical technique used for the excision of the MD.

In the article, the authors reported a 20-day-old patient. It would be interesting to know how many patients were newborn. In our recent article, we performed a review of the English literature of symptomatic MD in newborn and we described only 20 cases.[2] Eight patients were affected by occlusion while 12 were perforated MD. An accurate description of newborn patients would be interesting to increase the knowledge of paediatric surgeons about manifestations of MD in this particular age.

When the authors described the 12.5% of cases (7 patients) with internal hernia, we thought that this was due to a mesodiverticular band. The mesodiverticular band is an embryologic remnant of the vitelline circulation, which carries the arterial supply to the MD. In the event of an error of involution, a patent or nonpatent arterial band persists and extends from the mesentery to the apex of the antimesenteric diverticulum. This creates a snare-like opening through which bowel loops may herniate and become obstructed. Internal hernia due to mesodiverticular can cause obstruction and gangrene of small bowel herniated. Literature reports this last complication as a cause of sudden infants death syndrome.

We thought that seven patients describing this rare malformation in paediatric age would be the most large casuistic never reported, and a deepening of clinical history of these patients would be useful for better understanding of this rare malformation.

The last point is the surgical approach. We understand that interventions were done in all cases by open surgery. Is this a choice? Why laparoscopy was not used? Laparoscopy or laparoscopic-assisted surgery became a more and more adopted technique by paediatric surgeons for different pathologies,[4] including MD[5] with excellent results. Furthermore, the authors reported that intestinal obstruction was observed in 86.1% (56 cases) of MD operated. Although the use of laparoscopy for the treatment of small-bowel obstruction is not firmly established in literature, in our experience, laparoscopy appears safe and effective in this condition and may be chosen in patients with mild abdominal distension without a surgical or traumatic history. In these cases, obstruction may be due to mesodiverticular bands and MD intussusceptions, easy to treat with laparoscopy. In conclusion, this letter was to encourage the authors to perform large multicenter study to address this disease with so many different clinical presentations as best as possible based on evidence and to minimize its morbidity and mortality.

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Conflicts of interest

There are no conflicts of interest.

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