Case Presentation: A 16-month-old boy presented with a temperature of 99°Fahrenheit (F) (down from 102°F at home after antipyretics), grunting, and tachypnea. On examination, he was tachycardic, tachypneic, and ill-appearing with abdominal distention and diffuse tenderness. A plain film abdominal radiograph showed moderate free air, and emergent laparoscopy revealed perforated Meckel’s diverticulitis with peritonitis.

Discussion: Although tachypnea and grunting in preverbal or nonverbal patients are often considered to be signs of respiratory illness, these findings may reflect intra-abdominal emergencies. Perforated Meckel’s diverticulitis is an important differential consideration in patients with pneumoperitoneum. [Clin Pract Cases Emerg Med. 2021;5(1):125–126.]

Keywords: pneumoperitoneum; grunting; pediatric abdominal emergencies.
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more commonly in children than in adults, most often present with painless bleeding from heterotopic gastric tissue. However, Meckel’s diverticulum may cause small bowel obstruction by (1) acting as a lead point for intussusception; (2) inverting into the bowel lumen; or (3) adhering to adjacent structures to cause a volvulus. Similarly, Meckel’s diverticulitis may cause acute abdominal pain that mimics appendicitis and can subsequently perforate to cause peritonitis. Accordingly, Meckel’s diverticulum is an important differential consideration in the acute surgical abdomen, particularly in pediatric patients.

The authors attest that their institution requires neither Institutional Review Board approval, nor patient consent for publication of this case report. Documentation on file.

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REFERENCES


