
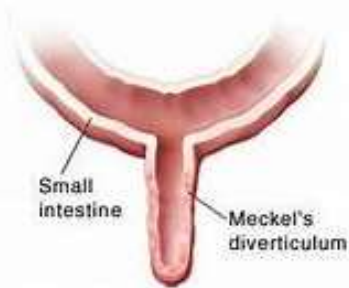
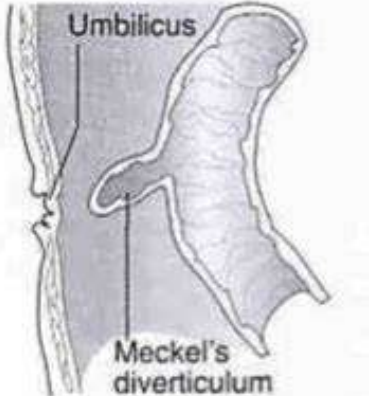
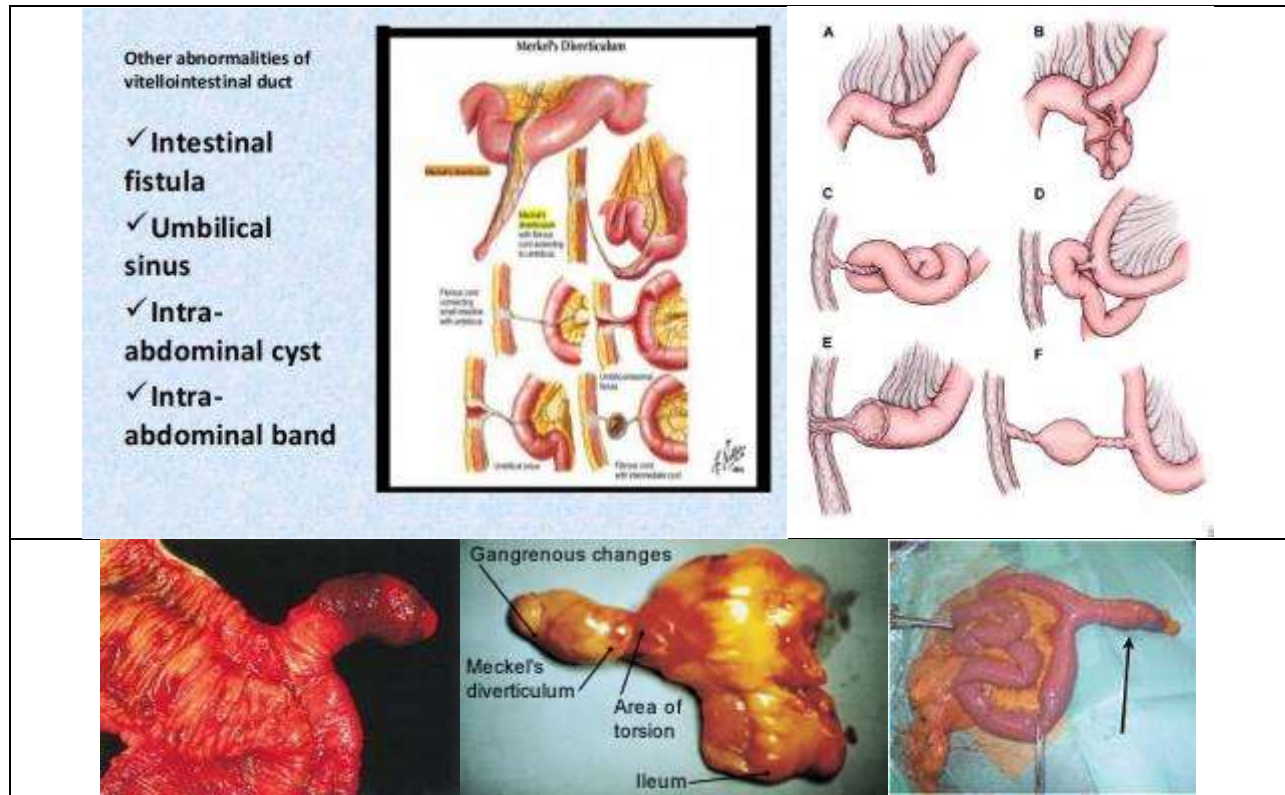


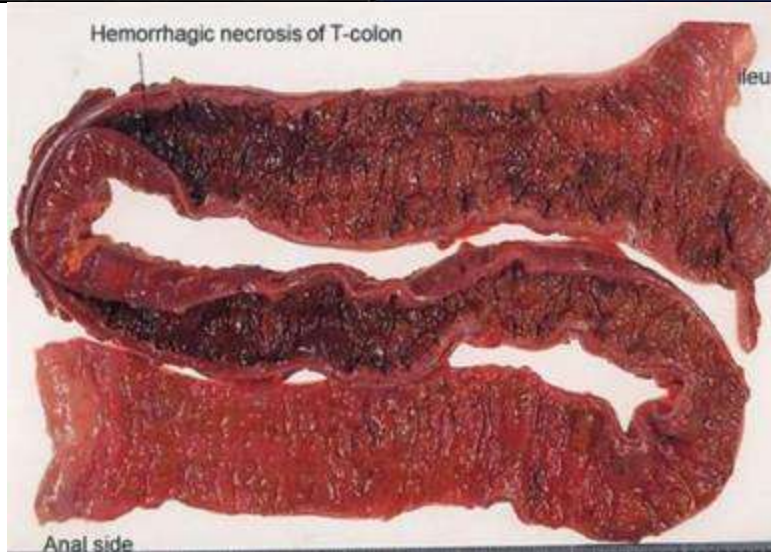
<b>Meckel's Diverticulum</b>		
<i>Meckel's Diverticulum III- 4,2.853</i>		
<i>A piece of ileum:</i>	<ul style="list-style-type: none"> <li>Shows a projecting pouch</li> </ul>	
	<i>The pouch:</i>	<ul style="list-style-type: none"> <li>Appears at the ileal end of intestine</li> <li>About 6 cm. in length</li> <li>Has a wide lumen</li> <li>Its distal end is blunt</li> </ul>
<b>N.B.:</b>		
<ul style="list-style-type: none"> <li>This is an example of a true diverticulum.</li> <li>It is due to persistence of the proximal part of the vitelline duct.</li> <li>It occurs at about 60 cm. from the ileocecal valve, is solitary and at the antimesenteric border.</li> </ul>		
<ul style="list-style-type: none"> <li><u>Rule of 2 of the Meckel's Diverticulum</u> <ul style="list-style-type: none"> <li>2 % of cases</li> <li>2 feet from ileocecal valve (60 cm)</li> <li>2 inches long (5 cm)</li> <li>2 cm wide</li> </ul> </li> </ul>		
<p><b>- It may produce some complications:</b></p> <ol style="list-style-type: none"> <li>Torsion, strangulation or intussusception - &gt; intestinal obstruction.</li> <li>Peptic ulceration (from heterotopic gastric tissue);             <ul style="list-style-type: none"> <li>Thence:                 <ul style="list-style-type: none"> <li>Haemorrhage.</li> <li>Perforation.</li> </ul> </li> </ul> </li> <li>Inflammation - &gt; diverticulitis (simulates an attack of appendicitis).</li> <li>Adenoma-formation.</li> <li>Cystic dilatation.</li> <li>Fistula-formation near the umbilicus.</li> </ol>		
	 <p>A Meckel's diverticulum is an abnormal pouch of tissue on the small intestine.</p>	



<b><i>Oedema</i></b>					
<b><i>A piece of ileum:</i></b>					
	<b><i>Mucosa is:</i></b>	<ul style="list-style-type: none"> <li>• Oedematous</li> <li>• Redundant</li> <li>• Pedunculated (somewhat)</li> </ul>			
<b><i>N.B.:</i></b>					
This condition occurred secondary to lymphatic obstruction from an annular stricture produced by a scirrhous carcinoma.					
<b><i>Uremic Colitis</i></b>					
<b><i>A piece of large intestine:</i></b>					
<b><i>Shows:</i></b>	Patches Ulcers Various other lesions				
	<b><i>Patches:</i></b>	Numerous Irregular Haemorrhagic Necrotizing			
	<b><i>Ulcers:</i></b>	Numerous Superficial (majority) Deep (few)			
		<b><i>Variable in size:</i></b>	Large (few) Small (some)		
		Raised above mucosal surface (some) Dirty greyish-yellowish-brown.			

**Other lesions:**

Appearances of superimposed secondary infection  
Adherent sloughs



**N.B.:**

This patient died of renal failure.

**He had:**

1. Severe diarrhoea with blood and pus in stools.
2. Polyuria, with urine of very low fixed specific gravity.
3. Features and manifestations of chronic glomerulo-nephritis,

**Causes of uremic ulcers:**

1. Spasm of the blood vessels of the colon leading to ischaemic ulcers.
2. Liberation of toxic substances.
3. Chemical irritation by the ammonia excreted in the large intestine.
4. Devitalization of the mucosa by haemorrhages or congestion.