

Fat within fat: A Giant Meckel Diverticulum with an Intriguing Mural Fatty Nodule

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A B S T R A C T

Keywords: Meckel diverticulum; Vitelline artery; Computed tomography; Fat necrosis; Lipoma

Description

A 42-year-old woman without medical history presented with chronic left upper quadrant discomfort. Examination and laboratory tests were normal. Contrast-enhanced CT showed a giant blind-ending pouch (85 × 70 × 90 mm) arising from the antimesenteric border of an ileal loop in the left flank, with a thin enhancing wall and fat content (−123 HU), without stranding (**Figure 1A-1C**). At its neck, a non-enhancing 32 × 32 × 40 mm mural nodule showed a denser rim around a fatty center (−20 to −70 HU). A persistent vitelline artery coursed along the diverticular wall (**Figure 1D**), supporting a Meckel diverticulum rather than enteric duplication despite the left-sided location. The nodule may represent encapsulated fat necrosis, remodeled lipoma or partial inversion; its fatty, non-enhancing nature argued against neuroendocrine tumor or heterotopia. The patient declined resection of this uncomplicated diverticulum. To our knowledge, this appearance is unreported; we welcome similar cases.

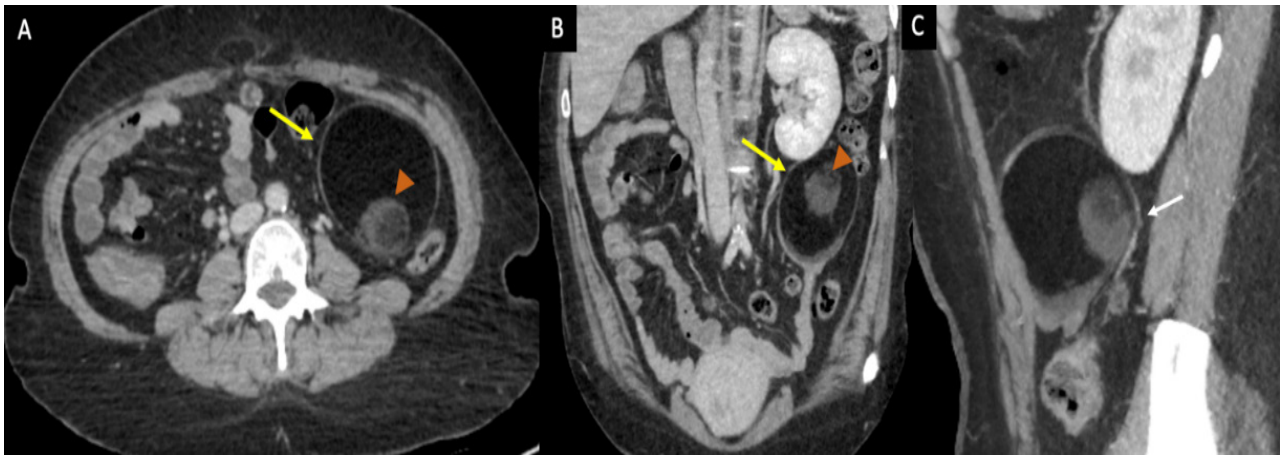


Figure 1: Clinical Image. Contrast-enhanced CT, portal venous phase. Axial (A) and coronal (B) reconstructions show a giant fat-filled Meckel diverticulum (arrows) with a mural fatty nodule at its neck (arrowhead). Sagittal maximum-intensity projection (C) shows the persistent vitelline artery along the posterior diverticular wall (arrow).

Patient Consent

Written informed consent for publication was obtained from the patient.

Conflict of Interest

The authors declare no conflict of interest.

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