

inverted Meckel's diverticulum as the lead point of the intussusception. No ectopic gastric mucosa or malignancy was identified.

Discussion: Inverted Meckel's diverticulum as a cause of small bowel intussusception is a rare but recognized phenomenon, especially in children. The inversion mechanism is not well understood but can lead to serious complications, including bowel obstruction and ischemia. This case emphasizes the need for a high index of suspicion for Meckel's diverticulum as an underlying cause in paediatric intussusception, particularly when the presentation deviates from typical patterns or fails to resolve with conservative measures.

Conclusion: This case highlights a rare presentation of inverted Meckel's diverticulum causing ileo-ileal intussusception in a paediatric patient. Prompt surgical intervention led to a favourable outcome. Awareness of this unusual aetiology is crucial for timely diagnosis and management in similar clinical scenarios.

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Non-operative management of perforated duodenal diverticulitis: A case of successful outcome

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Introduction: Diverticula are sac-like protrusions found throughout the small and large bowel. Small bowel diverticula are often asymptomatic and incidentally discovered, with the duodenum being the most commonly affected site. A major complication is acute diverticulitis, which can be further complicated by perforation.

Case presentation: A 65-year-old male presented with central abdominal pain for 3 days, which radiated to the back and was associated with nausea and vomiting. On examination abdomen was distended with generalised tenderness. Blood

investigation revealed mild neutrophil leukocytosis with elevated C-reactive protein; serum amylase, renal function test, and liver function test were unremarkable. X-ray showed no gas under diaphragm; USS showed a Trace amount of free fluid with possible bowel perforation. Urgent CECT abdomen was taken, which showed suspicion for concealed perforation of the D2-D3 part of the duodenum with air-fluid collection.

Results: The patient was managed in the intensive care unit with close monitoring, intravenous antibiotics, a proton pump inhibitor infusion, and analgesics. The interventional radiology team noted that the retroperitoneal fluid collection observed on CECT was not amenable to image-guided biopsy. The patient was successfully managed conservatively.

Discussion and Conclusions: Acute small bowel diverticulitis is a rare presentation compared to large bowel diverticulitis. It often presents with complications such as abscess, perforation, or fistula formation. Patients with diverticular perforation typically present with an acute abdomen. Surgical management is usually reserved for cases complicated by bowel perforation and may involve open or laparoscopic-assisted resection of the affected segment, although endoscopic resection has also shown success. Interestingly, despite presenting with an acute abdomen due to diverticular perforation, the patient was successfully managed non-operatively, demonstrating that conservative treatment can be a viable option in selected cases.

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Early Experience in Developing a Vascular Surgery Database in a Low- and Middle- Income Country

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