A 49-year-old male presented with continuous abdominal pain in the right flank that had been progressing for one year and worsened with oral intake.

Lab work and colonoscopy found no anomalies. Ultrasound and abdominal CT scan (Fig. 1A) detected a cystic lesion measuring 4 cm in the terminal ileum compatible with appendicular mucocele.

During elective surgery, the appearance of the appendix was normal, and an intraluminal lesion was palpated. With a suspected diagnosis of ileocecal valve tumor, right hemicolectomy was performed.

The histopathological analysis identified a well-defined cystic lesion showing no neoplastic infiltration, corresponding with intussusception of Meckel diverticulum (Fig. 1B).

Diagnosis: intussusception of Meckel diverticulum.

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