

GS – ER Combined Meeting

R2蘇誌鋒/VS連楚明
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Discussion

Diverticulitis

Diverticulosis

- Colonic diverticulosis is mainly an asymptomatic disease.
 - ☞ Most colonic diverticula are acquired
 - ☞ the incidence increasing with age
 - < 2% of patients younger than 30 y/o
 - > 40% of patients older than 60 y/o
 - 60% of patients >80 y/o
- 10% to 25% of patients with diverticulosis go on to develop diverticulitis

Location of Diverticulosis

- In 95% of cases, diverticula are located in the sigmoid and left colon.
- In Asian countries, the main distribution of diverticula (up to 70%) is right-sided and may have a more genetic influence.

Complication of diverticulosis -I

- Diverticulitis: Diverticulitis represents micro- or macroscopic perforation of a diverticulum.
 - ☞ increased intraluminal pressure or inspissated stool within a diverticulum → erosion of the diverticular wall
 - ☞ inflammation and focal necrosis ensue, resulting in perforation.

Complication of diverticulosis -II

- Diverticular bleeding: Diverticular bleeding is thought to result from progressive injury to the artery supplying that segment.

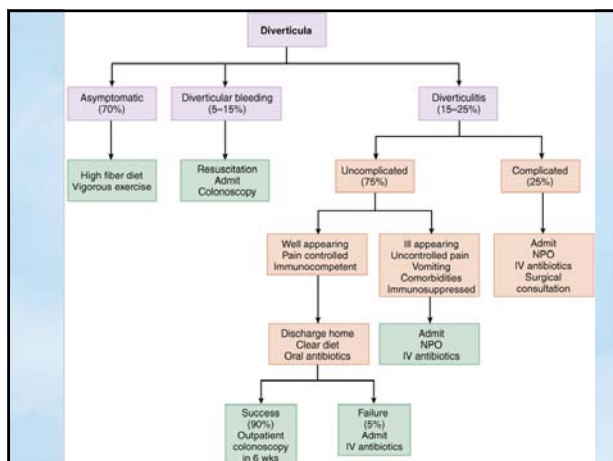


Clinical manifestations -I

- Diverticulitis :
 - ☞ LLQ pain is the most common complaint (70%)
 - ☞ Pain is often present for several days
 - ☞ 50% have had one or more previous episodes of similar pain
 - Low grade fever and mild leukocytosis
 - nausea and vomiting in 20 to 62 %
 - constipation in 50 %
 - diarrhea in 25 to 35 %
 - urinary symptoms in 10 to 15 %
- Complicated diverticulitis refers to the presence of an abscess, fistula, obstruction, or perforation

Clinical manifestations -II

- Diverticular bleeding
 - ☞ The hallmark of diverticular bleeding is painless rectal bleeding, which is usually self-limited.
 - ☞ Up to 50 percent of patients give a history of intermittent passage of maroon or bright red blood (hematochezia).

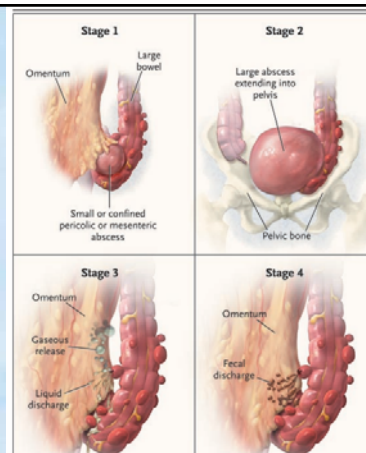


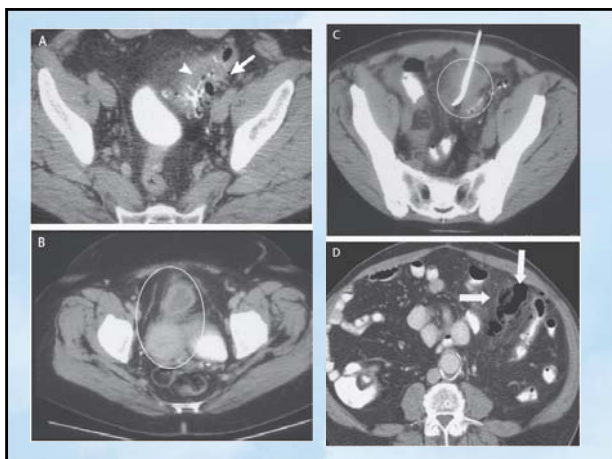
Diagnosis

- CT with IV and oral contrast has documented sensitivities of 97% and specificities approaching 100%.
- CT findings:
 - ☞ increased soft tissue density within the pericolic fat, indicating inflammation (98%)
 - ☞ colonic diverticula (84%)
 - ☞ bowel wall thickening >4 mm (70%)
 - ☞ soft tissue masses, representing phlegmon
 - ☞ pericolic fluid collections, representing abscesses (35%).

Box 1 Hinchey classification for diverticulitis

- Stage I
Paracolic abscess confined to mesentery of colon
- Stage II
Distant abscess in pelvis or retroperitoneum
- Stage III
Purulent peritonitis
- Stage IV
Feculent peritonitis





Disposition - I

■ Admission:

- ☞ intractable nausea or vomiting,
- ☞ significant comorbid diseases
- ☞ poor support at home
- ☞ high leukocytosis, or high fevers
- ☞ the elderly
- ☞ the immunocompromised
- ☞ persistent pain.

Disposition - II

- Surgical consultation is indicated when the disease does not respond to medical management or there are repeated attacks
- when there is abscess or fistula formation, obstruction, or free perforation

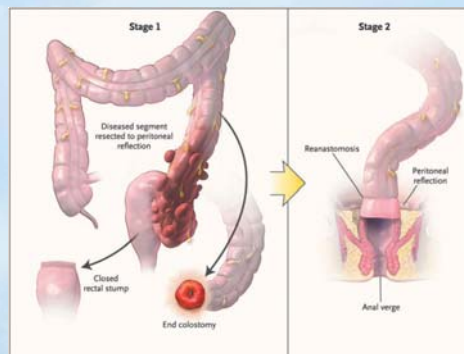
Percutaneous Drainage of Diverticular Abscess


- the size of the abscess is an important determinant of the need for percutaneous drainage.
 - ☞ small pericolic abscesses (< 4 cm) without peritonitis (Hinchey stage 1) → bowel rest and broad-spectrum antibiotics
 - ☞ peridiverticular abscesses (> 4 cm, Hinchey stage 2 → CT-guided percutaneous drainage can be beneficial
- 之後再做 elective surgery

Operative Intervention

- indications for emergency operative treatment
 - ☞ generalized peritonitis
 - ☞ Uncontrolled sepsis
 - ☞ uncontained visceral perforation
 - ☞ the presence of a large, undrainable (inaccessible) abscess
 - ☞ lack of improvement or deterioration within 3 days of medical management
 - ☞ these features are characteristic of Hinchey stage 3 or 4 disease

Two-Stage Operative Approach to Diverticulitis





Thanks for your attention!