



Do Patients Mandate Resection After a First Episode of Acute Diverticulitis of the Colon with a Complication?

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Keywords

- Diverticulitis • Abscess • Fistula • Colovesical • Perforation • Complicated
- Colonoscopy • Obstruction

Key points

- Complicated diverticulitis affects only a small portion of patients with diverticulosis.
- Due to a rising incidence of diverticular disease, the management of complicated diverticulitis is encountered with increased frequency.
- A paradigm shift from mandated resection to continued observation after the resolution of an acute episode of complicated diverticulitis, in particular those with an abscess, has occurred.
- Patients with a fistula, stricture, or obstruction have particularly high failure and recurrence rates. It remains widely accepted that these patients warrant resection.

INTRODUCTION

Diverticulitis was first described as a rare medical condition in the late 1700s [1]. Centuries later, it has become an epidemic in westernized civilization. A review of the Centers for Disease Control and Prevention published reports from 1997, when diverticular disease was first reported independently, to 2006

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showed an increase in the number of inpatient discharges with diverticular disease as the primary diagnosis from 233,000 to 314,000, respectively [2]. This is in addition to the 1.5 million outpatient visits associated with this disease [3]. Affecting up to 65% of patients by age 80, a majority of patients with diverticular disease remain asymptomatic. Between 10% and 25% of patients with diverticulosis, however, eventually go on to develop diverticulitis [4]. Of the patients who develop diverticulitis, a smaller subgroup of 10% to 20% have their disease complicated by abscess formation [5].

According to the American Society of Colon and Rectal Surgeons (ASCRS) practice parameters on diverticulitis, complicated diverticulitis includes episodes associated with peritonitis, abscess formation, fistula, obstruction, or stricture. Furthermore, it is stated that neither extraluminal air nor phlegmon should be considered complicated disease [6].

Although the Swedish AVOD Study Group trial [7] has caused some debate over the use of antibiotics in uncomplicated diverticulitis, the role of antibiotics in complicated disease remains undisputed. Furthermore, the current ASCRS guidelines strongly recommend the use of antibiotics in acute diverticulitis. In addition to the use of antibiotics, conservative management includes diet modification [6] with or without parenteral nutrition. In patients who develop an abscess, CT-guided percutaneous drainage is an additional means of conservative treatment [8]. It has been shown that abscesses smaller than 3 cm in size do not necessarily require percutaneous abscess drainage [9]. Dharmarajan and colleagues [8] described 136 patients with perforated diverticulitis: 19 with localized extraluminal air, 45 with abscess less than 4 cm or distant extraluminal air less than 2 cm, 66 with abscess greater than 4 cm or distant extraluminal air greater than 2 cm, and 6 with distant extraluminal air with free fluid. Treatment options included, but were not limited to, parenteral nutrition and/or percutaneous drainage when deemed necessary. Overall, nonoperative management was successful in 91% of patients.

CHANGE IN TREATMENT AND PUBLISHED RECOMMENDATIONS

The management of complicated diverticulitis was first described by Mayo and colleagues [10] in 1907 as a 3-stage procedure [11]. By the 1980s, the shift from a nonresectional 2-staged to a resectional 2-staged procedure was supported in the literature [12,13]. The abandonment of the 3-staged procedure was solidified by the 1995 ASCRS practice parameters [14]. It was during the 1980s that CT-guided percutaneous abscess drainage became available. This became a temporizing measure, allowing surgeons to perform surgical resection of the affected segment in a single-stage resection and anastomosis. Percutaneous drainage may allow for elective rather than emergent surgical intervention [15]. A report by Neff and colleagues in 1987 [16] provided early insight into what has become a modern-day surgical dilemma. In their study, 3 patients who had developed diverticular abscesses underwent percutaneous drainage, but no definitive resection, and remained well between 12 months and 29 months.

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