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Dear Editor,

Colonic diverticula develop at specific weak spots, where the vasa recta enter the colonic circular smooth muscle layer.[1] They are usually seen in the left colon. Their most common complication is diverticulitis, with mild cases resolving even without antibiotic therapy.[2]

Right-side diverticulitis develops in only 1.5% of cases, primarily on the anterior aspect of the cecum, proximal to the ileocecal valve (80%).[4] Given its low incidence, location, and the fact that it involves younger patients, a differential diagnosis is needed to rule out abdominal inflammatory conditions such as appendicitis or ileitis, as well as gynecological disorders.

Diverticulitis is diagnosed using imaging modalities. Computed tomography (CT) is the modality of choice,[5] and confirmation is required after clinical remission, primarily using colonoscopy.

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MATERIALS AND METHODS

We studied a series of 3 cases of patients initially diagnosed with acute, uncomplicated right-side diverticulitis who were admitted to the Gastroenterology Department, Hospital de León, from January to December 2023.

Our goal was to confirm a presumptive diagnosis of right-side diverticulitis using delayed endoscopy or barium enema to ascertain the presence of right-side diverticulosis and rule out other conditions manifesting with abdominal pain in the right iliac fossa.

RESULTS

Cases 1 and 3 were admitted with an accurate diagnosis of right-side diverticulitis. Case 1 was confirmed by ambulatory colonoscopy, and case 3 was confirmed by barium enema because of a history of previous colonoscopy without findings.

All three patients required surgical assessment to rule out appendicular involvement. The imaging technique of choice was CT, using the WSES scale for severity grading.

Case 2 was diagnosed with right-side diverticulitis by means of ultrasonography, and its origin was later confirmed to be in the sigmoid colon.

The remaining clinical, laboratory, and diagnostic characteristics are listed in Table 1.

CONCLUSIONS

Right colon diverticula are usually more common in Asian countries, and associated with a congenital origin.[3]

Acute right-sided diverticulitis affects younger individuals, has a low incidence of complications, is less common than left-sided diverticulitis, and its relevance resides in its differential diagnosis from other intra-abdominal conditions.

CT is the diagnostic test of choice, together with severity grading scales.

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Table 1. *Demographic, clinical and diagnostic characteristics of the study cases.*

	CASE 1	**CASE 2**	**CASE 3**
Patient demography and prior history			
Sex	Female	Male	Female
Nationality	Spanish	Spanish	Spanish
Age	20 years	70 years	47 years
Risk factors (diverticulitis)	Smoking	Alcohol user Ex-smoker	Hypercholesterolemia
Manifestations			
Presentation on admission	Abdominal pain Location: right hypochondrium	Abdominal pain Location: right iliac fossa	Abdominal pain Location: right hypochondrium
Length of stay (days)	4	3	Outpatient management
Diagnostic testing			

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CRP admission/discharge	77.9 -> 76.2 mg/L	76.9- > 73.7 mg/L	90 mg/L
Leucocyte count admission/discharge	12,100 -> 7,400 10^3/µL	13,400 -> ? 10^3/µL	12,200 10^3/µL
Diagnosis	CT	Ultrasound -> CT	Ultrasound
Surgical assessment prior to admission	Yes	Yes	Yes
Stool testing/*Yersinia-Salmonella* serology. (Ileitis)	Negative	Not ordered	Not ordered
Confirmation diagnosis			
Prior colonoscopy	No	Yes. Polyposis	Yes, normal
Confirmation on discharge	Colonoscopy + In right colon.	Colonoscopy + In sigmoid colon (redundant colon)	Barium enema + In ascending and transverse colon