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Complicated giant colonic diverticulum: imaging-based diagnosis

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CASE REPORT

A 66-year-old male from Venezuela with history of high blood pressure and diverticulosis was being studied on an outpatient basis for abdominal pain and weight loss of several months of evolution. He presented to the Emergency Department due to worsening of abdominal pain in the last 48 hours and fever. His abdomen was mildly tender to palpation in the left hypochondrium but did not exhibit signs of peritonitis. An abdominal x-ray was performed (Fig. 1), revealing an oval, smooth-walled mass located in the left upper quadrant that contained a gas-fluid level. An outpatient abdominal computed tomography (CT) scan performed two months earlier (Fig. 2) showed an intraabdominal, 14.8 x 10 x 16 cm air cystic lesion, proposing a giant colonic diverticulum as first diagnostic possibility (1).

Urgent abdominal CT was requested (Fig. 3) due to the findings of the abdominal x-ray, with results suggestive of sigmoid-dependent giant diverticulum, complicated by probable superinfection and torsion of the sigma at its base. Considering the suspected diagnosis, the patient underwent diverticulectomy, demonstrating a purulent content inside. Histopathology confirmed the diagnosis. Evolution after surgery was favorable and the patient was discharged on

the sixth postoperative day.

REFERENCES

1. Di Muzio B, Bell D. Giant colonic diverticulum. Radiopaedia.org 2014. Disponible en: https://radiopaedia.org/articles/29835

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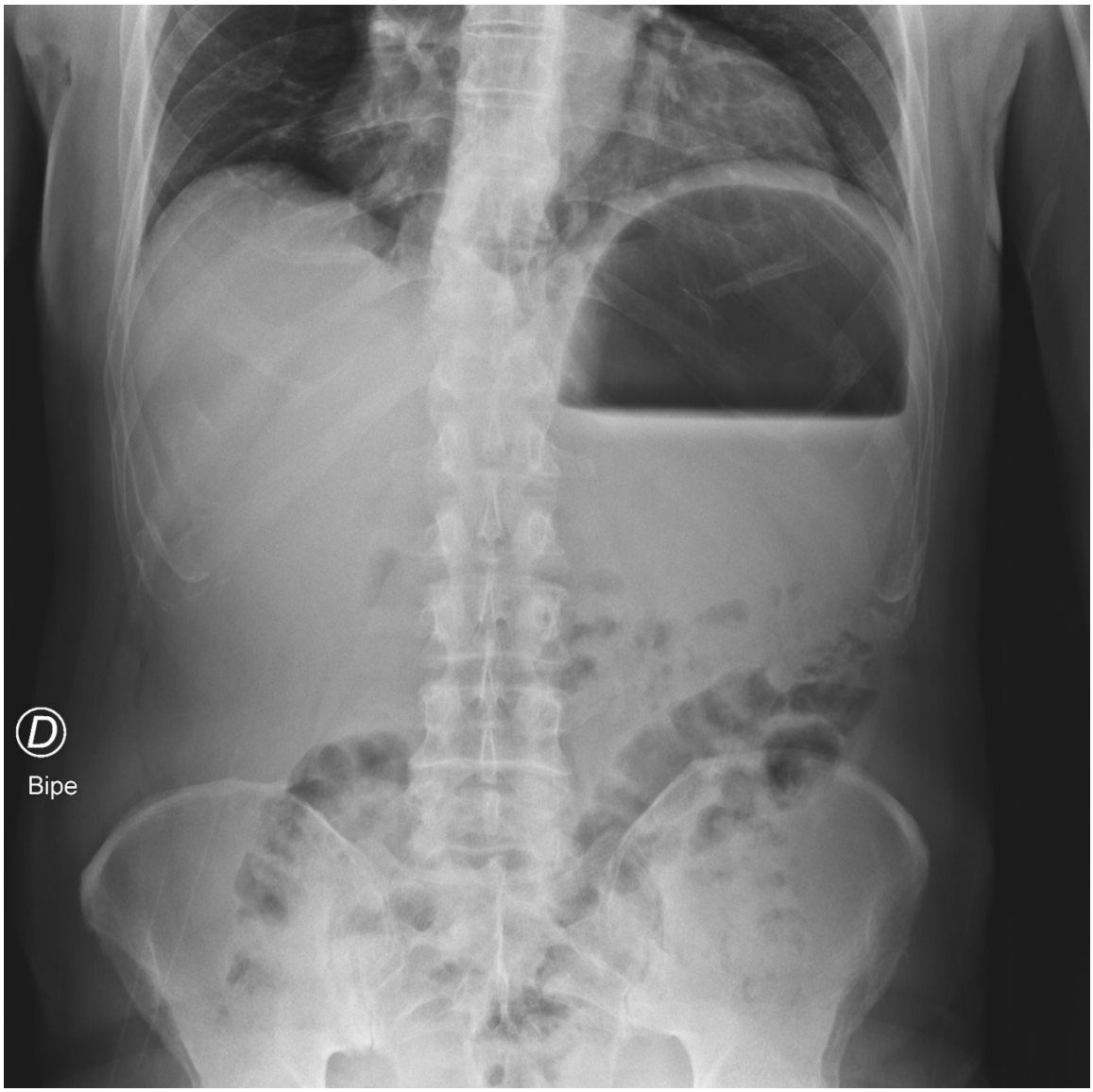

Fig. 1. Posteroanterior abdominal x-ray in standing position showing an oval, smooth-walled mass located in the left upper quadrant that contained a gas-fluid level.

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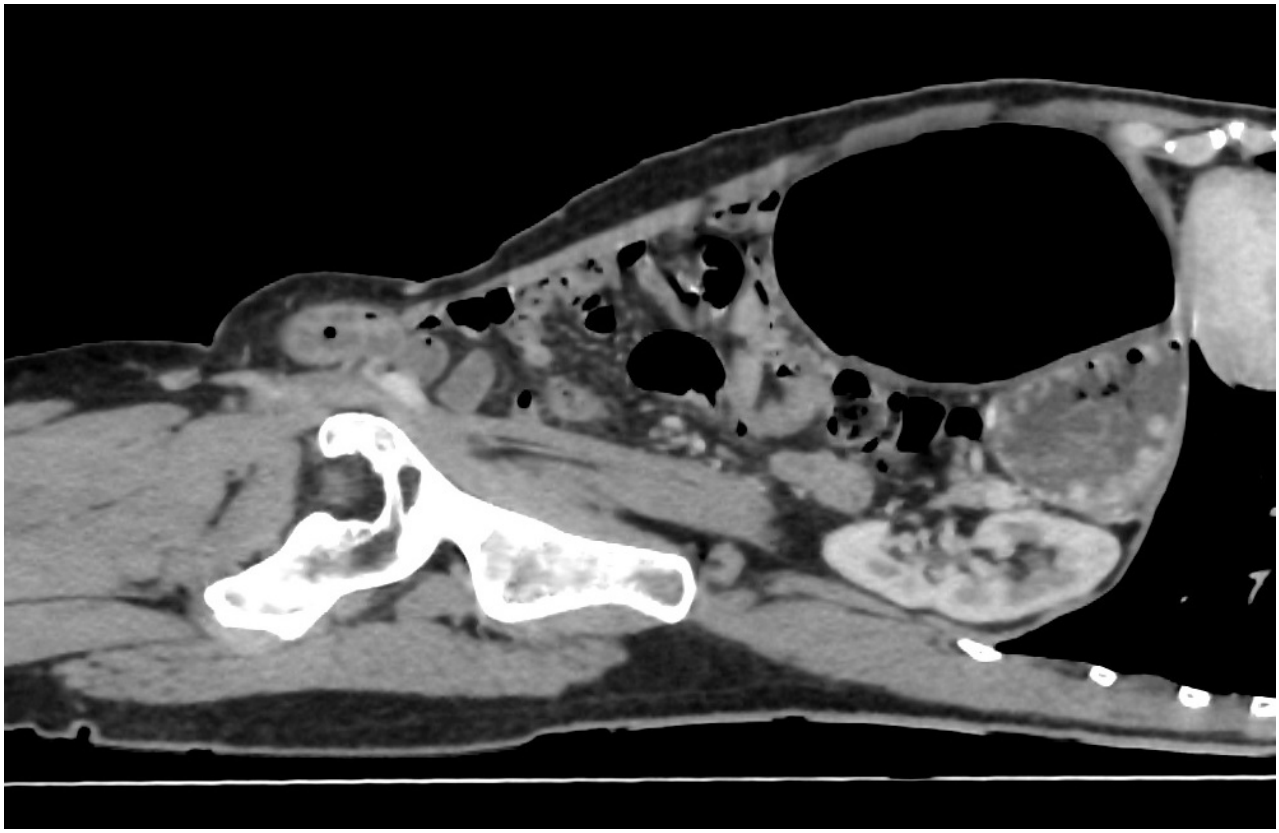

Fig. 2. Abdominal CT demonstrating an intraabdominal, 14.8 x 10 x 16 cm air cystic lesion, proposing a giant colonic diverticulum as the first diagnostic possibility.

Fig. 3. Abdominal CT with findings suggestive of sigmoid-dependent giant diverticulum, complicated by probable superinfection and torsion of the sigma at its base.