Giant Sigmoid Colon Diverticulum

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A 73-year-old female was admitted to our centre because of signs and symptoms that suggested bowel obstruction and that persisted for 48 h. Her past medical history was uneventful except for multiple blood transfusions because of chronic iron deficiency anaemia. The abdominal X-ray (fig. 1) taken at the time of first evaluation revealed an air-fluid level. The patient underwent an exploratory laparotomy through a supra- and infra-umbilical midline incision. During surgery, a giant sigmoid colon diverticulum was found incidentally which was approximately 15 cm long. The rest of the bowel exploration did not reveal any abnormalities. Diverticulectomy was deferred for proper bowel preparation. During diverticulectomy, a giant sigmoid colon diverticulum was localized (fig. 2) and after careful dissection was excised. In addition to sigmoid colon resection, primary bowel anastomosis was performed. The surgical specimen measured 15 cm in length (fig. 3) and was confirmed by our pathology department as a giant sigmoid colon diverticulum.

Fig. 1. Abdominal X-ray revealing air-fluid levels, suggesting bowel obstruction.

Fig. 2. Giant colonic diverticulum found during surgery.
A giant colonic diverticulum is a rare complication of diverticular disease, with less than 150 cases reported in the English literature. The clinical presentation ranges from asymptomatic to an acute abdomen. In most cases, a giant colonic diverticulum is found in the sigmoid colon [1].

Sigmoid resection with primary anastomosis is the preferred treatment, although patients presenting with complications typically should be treated with Hartmann’s procedure for free perforation or percutaneous drainage for a localized abscess. Because of the high risk of complications, segmental resection of the colon involved is recommended for diverticula found incidentally [2].

References