Radiology for the Surgeon Chirurgie et radiologie

SOFT-TISSUE CASE 35. DIAGNOSIS

CECAL DIVERTICULITIS

There was marked soft-tissue swelling of the cecum. Oral contrast medium was present in the lateral aspect of the cecal wall (Fig. 2), presumably due to perforation of a diverticulum or of a cecal carcinoma.

Exploratory laparotomy was performed. An inflamed mass was present at the lateral aspect of the cecum. A small abscess posterolateral to the cecum was drained. Right hemicolectomy with ileocolic anastomosis

was performed. The patient made a smooth recovery. He was discharged home on postoperative day 7. Pathological examination of the resected specimen confirmed the diagnosis of acute ulcerative diverticulitis. There was no evidence of carcinoma.

Right-sided colonic diverticular disease is more common in Japan than in the western world. Cecal diverticulitis is a relatively rare entity. The features of cecal diverticulitis are very similar to those of acute appendicitis. Patients with cecal diverticu-

litis tend to be older (mean age 40 years) than patients with acute appendicitis and younger than patients having sigmoid diverticulitis. They tend to have a longer duration of symptoms and present less often with nausea and vomiting than patients who have appendicitis.² Diagnosis is difficult, although the use of computed tomography has improved the diagnostic accuracy.³

Intraoperatively, cecal diverticulitis can be indistinguishable from perforated cecal malignant disease. Right hemicolectomy with ileocolic anastomosis is the procedure of choice, and is associated with a 1.4% death rate.² When solitary cecal diverticulitis presents as an inflamed projection from the cecal wall, a local diverticulectomy and closure should be sufficient.²



FIG. 2.

References

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- 3. Crist DW, Fishman EK, Scatarige JC, Cameron JL. Acute diverticulitis of the cecum and ascending colon diagnosed by computed tomography. *Surg Gynecol Obstet* 1988;166(2):99-102.