

A selective approach for colonoscopy after acute diverticulitis

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In their interesting recent paper in the *Annals of Gastroenterology*, Díaz *et al* [1] reported no cases of colorectal cancer (CRC) or advanced adenomas in patients with uncomplicated acute diverticulitis (UAD) confirmed by computed tomography (CT). All patients diagnosed with CRC (n=5) presented complicated disease and were older than 70 years.

We also conducted a study in our center to determine the need for colonoscopy after acute diverticulitis to exclude CRC, particularly in patients younger than 50 years or with UAD. We performed a retrospective cohort study that included all patients with CT-proven acute diverticulitis between January 2011 and December 2016. A total of 138 patients were included (54.3% male; average age 64 years). Fourteen patients (10%) underwent emergency surgery at hospital admission. Among the patients treated conservatively, follow-up colonoscopy up to 12 months after the acute event was performed in 96 patients (69.6%). Among these patients, 23% were younger than 50 years old and 89% had presented with UAD. Colonoscopy results revealed only one case of CRC, in a patient aged 76 years with a history of complicated diverticulitis (Hinchey II). Polyps were detected in 16 patients, although none was an advanced adenoma. Therefore, there were no cases of CRC or advanced adenomas in patients younger than 50 years or with UAD in our study.

Both studies highlight that colonic evaluation may not be routinely performed after UAD and may be reserved

for patients with complicated disease. These findings are in line with the recommendations from the World Society of Emergency Surgery [2]. Currently, multidetector CT is widely used for the diagnosis of diverticulitis and its complications, with high sensitivity and specificity, leading to a better evaluation of the affected colonic segment and a selective approach to colonoscopy [3,4].

References

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Conflict of Interest: None

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Received 24 January 2020; accepted 28 January 2020; published online 14 February 2020

DOI: <https://doi.org/10.20524/aog.2020.0461>