

Diverticular Disease

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- 72 Years woman with LLQ pain, nausea, vomiting, and fever.
- PMH: D.M type 2- Hypertension
- Previous history of laparotomy, for pelvic abscess drainage, due to an unknown reason.
- Incisional hernia repair

BP: 130/70, PR: 96/min ,T (axillary): 38

Tenderness, rebound tenderness in the both lower quadrants. TR: normal

Lab: WBC:15300 , Hgb:9.3mg/dl, CRP:320 , BS: 130 mg/dl

Upright abdominal graphy: normal

Differential diagnosis

- A. Diverticulitis
- PID
- Sigmoid Tumor (perforation)
- IBD
- UTI
- A. Appendicitis

What is your choice for Radiologic Diagnostic procedure?

- CT scan with contrast?
- Barium Enema (with or without air)
- USG

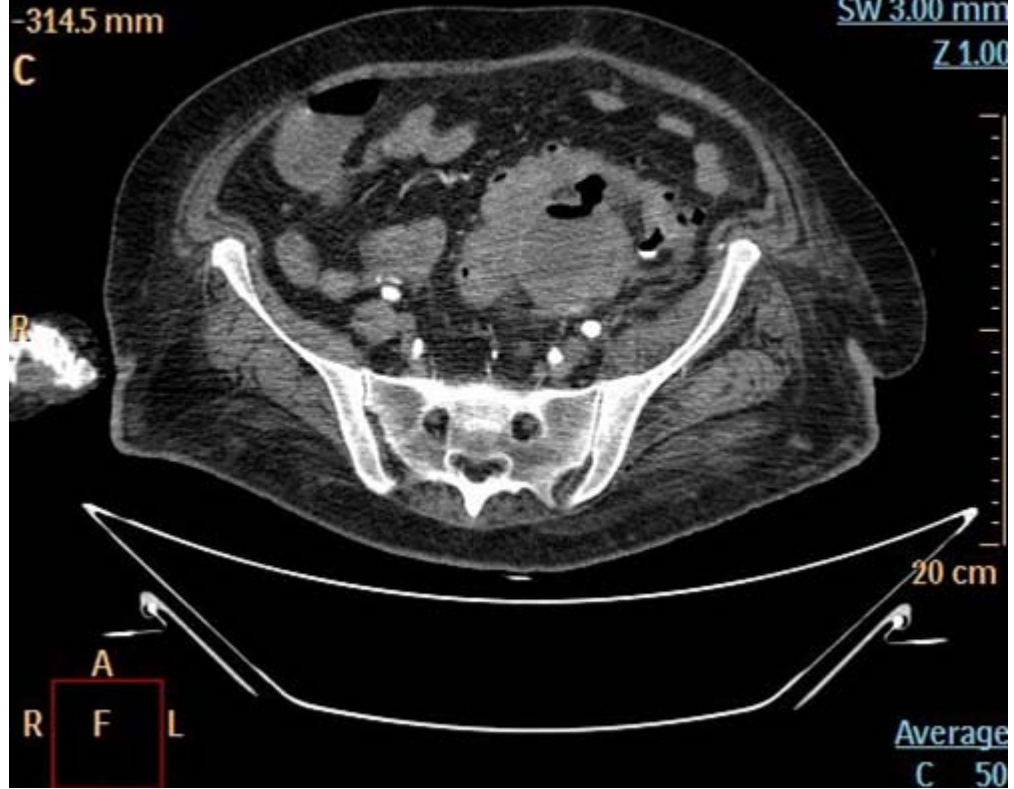
Abdominal Sonography

- Suboptimal due to obesity, and bowel gases
- Appendix is normal

15 Oct, 2011 10:54:48.16
49420216592 M/71Y
5-210* 30 SN
-314.5 mm

Philips, Brilliance
120 kV
FOV 479.0 mm
SW 3.00 mm
Z 1.00

C



R

R

A

F

L

20 cm

Average
C 50

15 Oct, 2011 10:54:48.97

49420216592 M/71Y

5-226* 30 SN

-338.5 mm

Philips, Brilliance16

120 kV

FOV 479.0 mm

SW 3.00 mm

Z 1.00

C



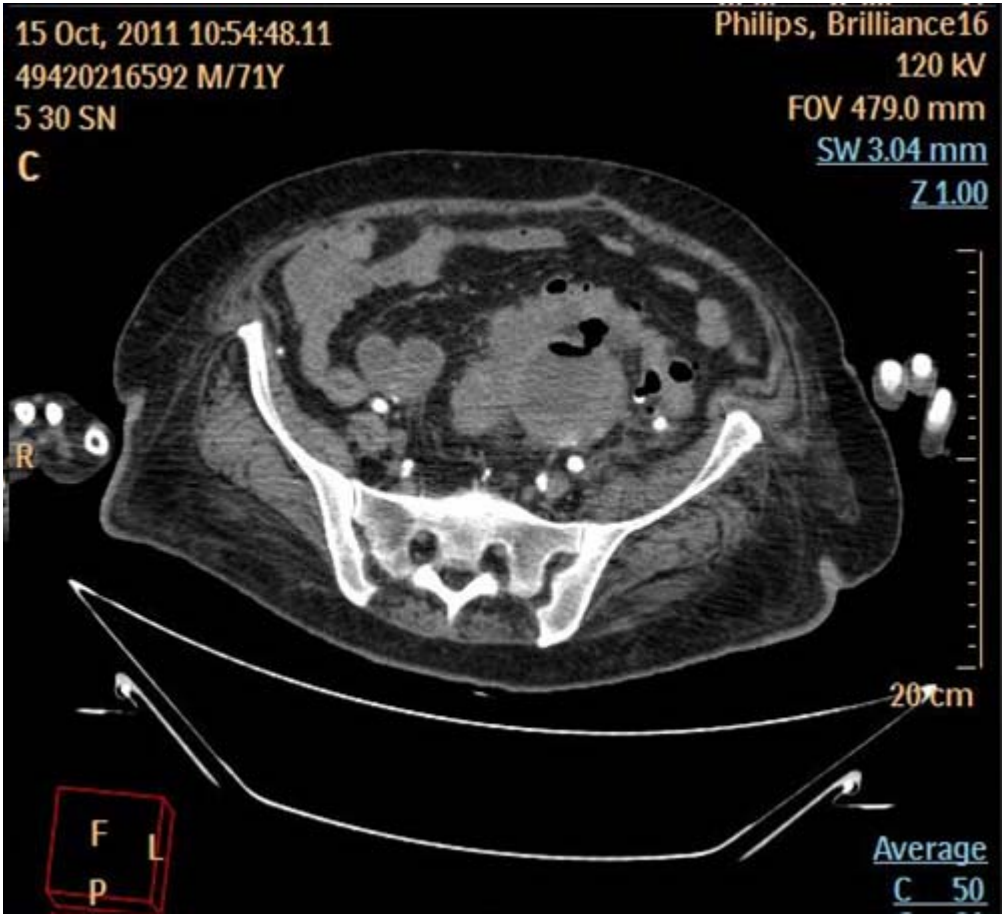
B

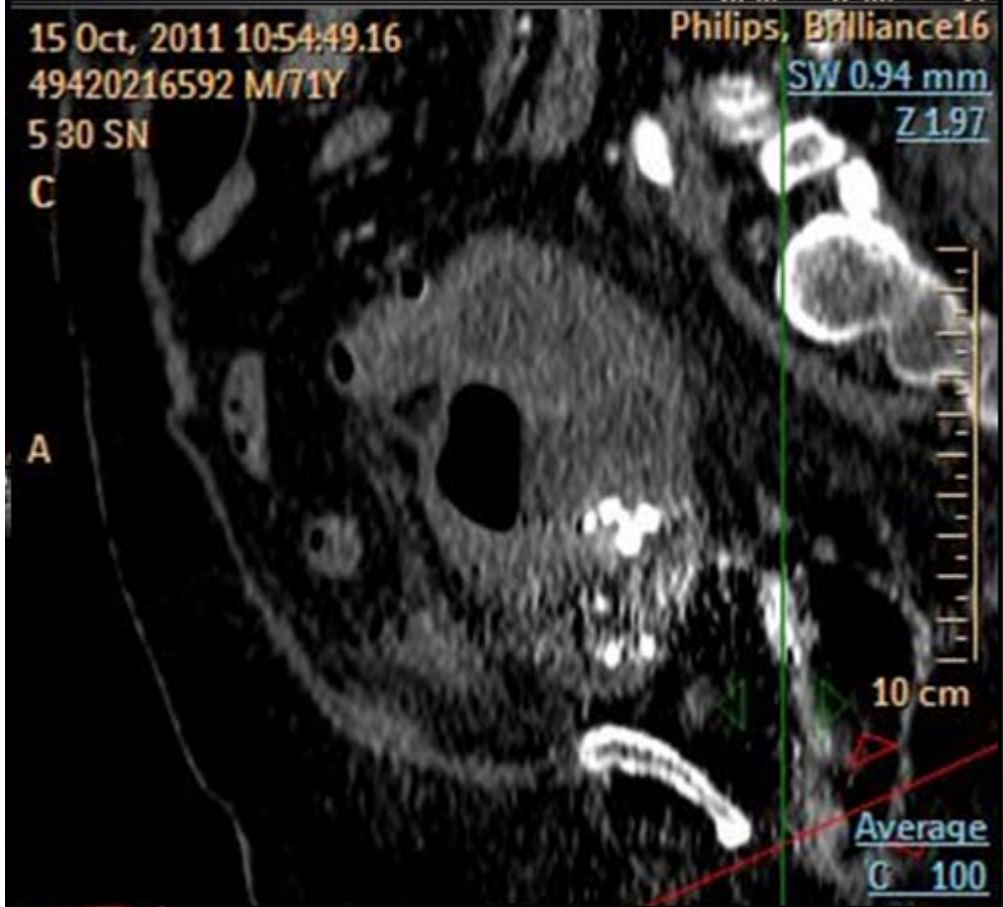
20 cm

A
R F L

Average

C 50

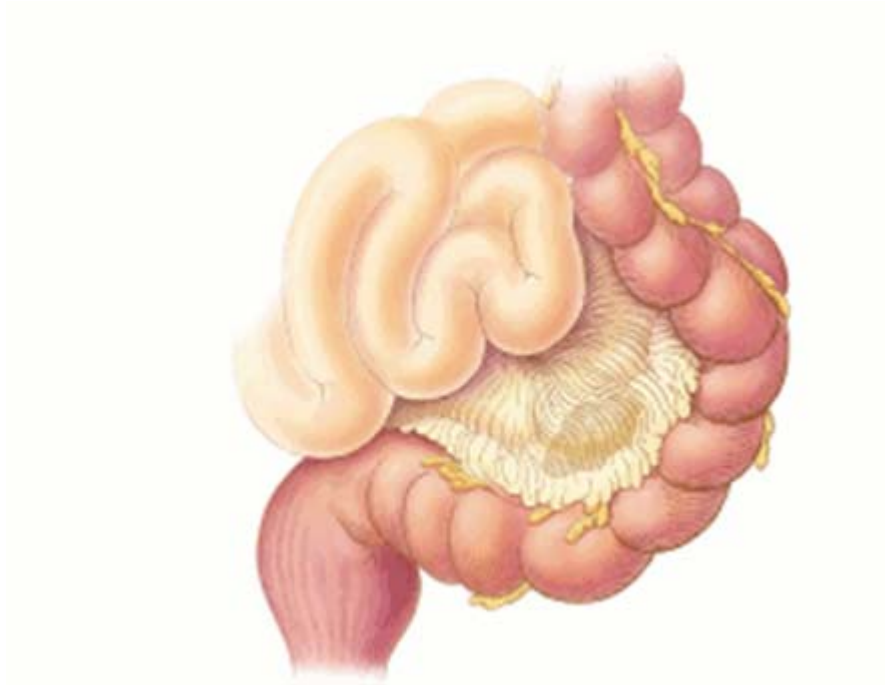




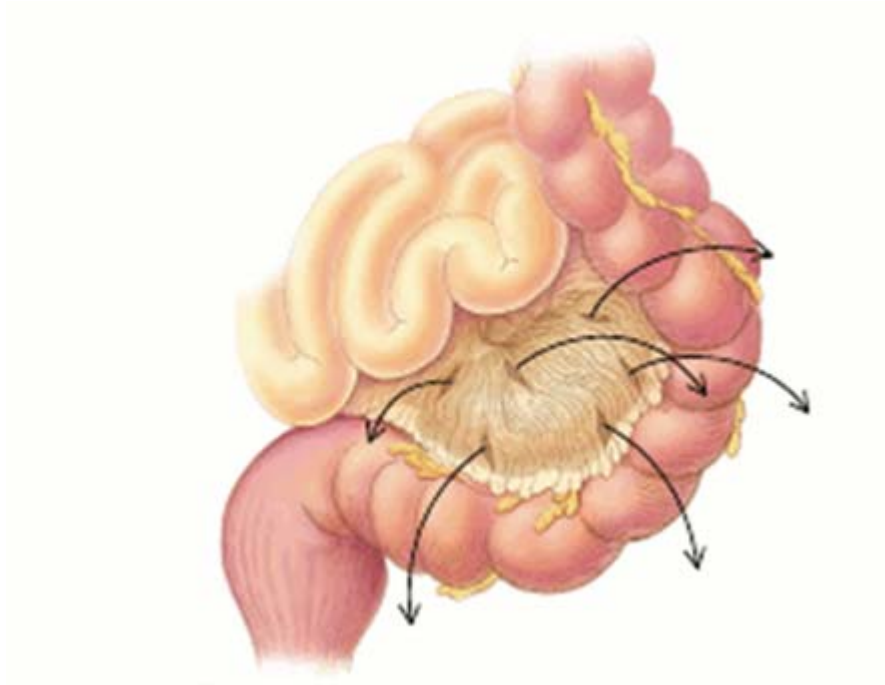
- There is a collection (7.5*6*5 cm) adjacent to sigmoid colon , and lateral to uterus, which contain air inside it.
- Thickening of fat adjacent to colon.

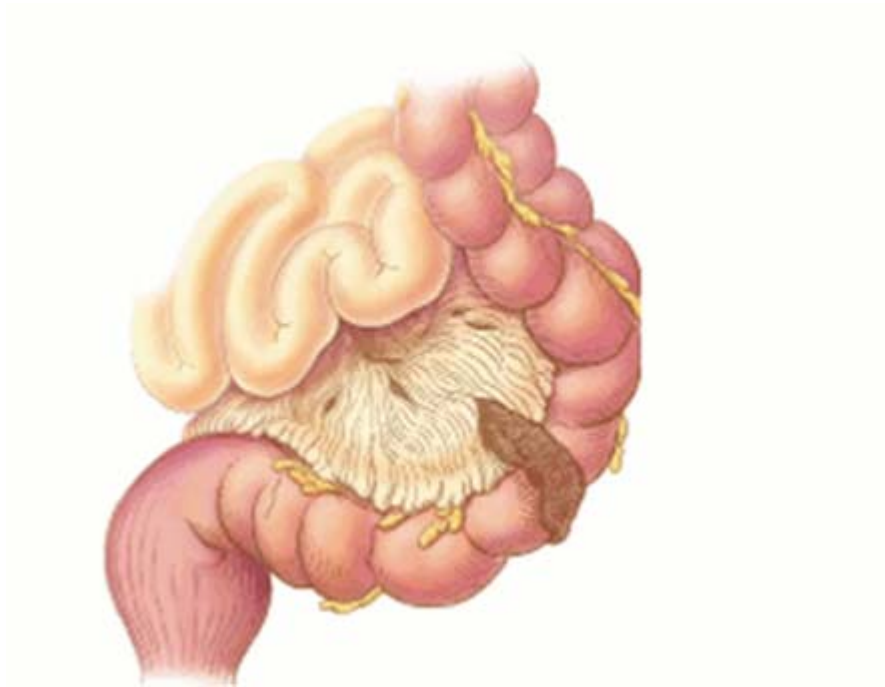
Diverticulitis Classification

- Hinchey classification
- Ambrosseti classification

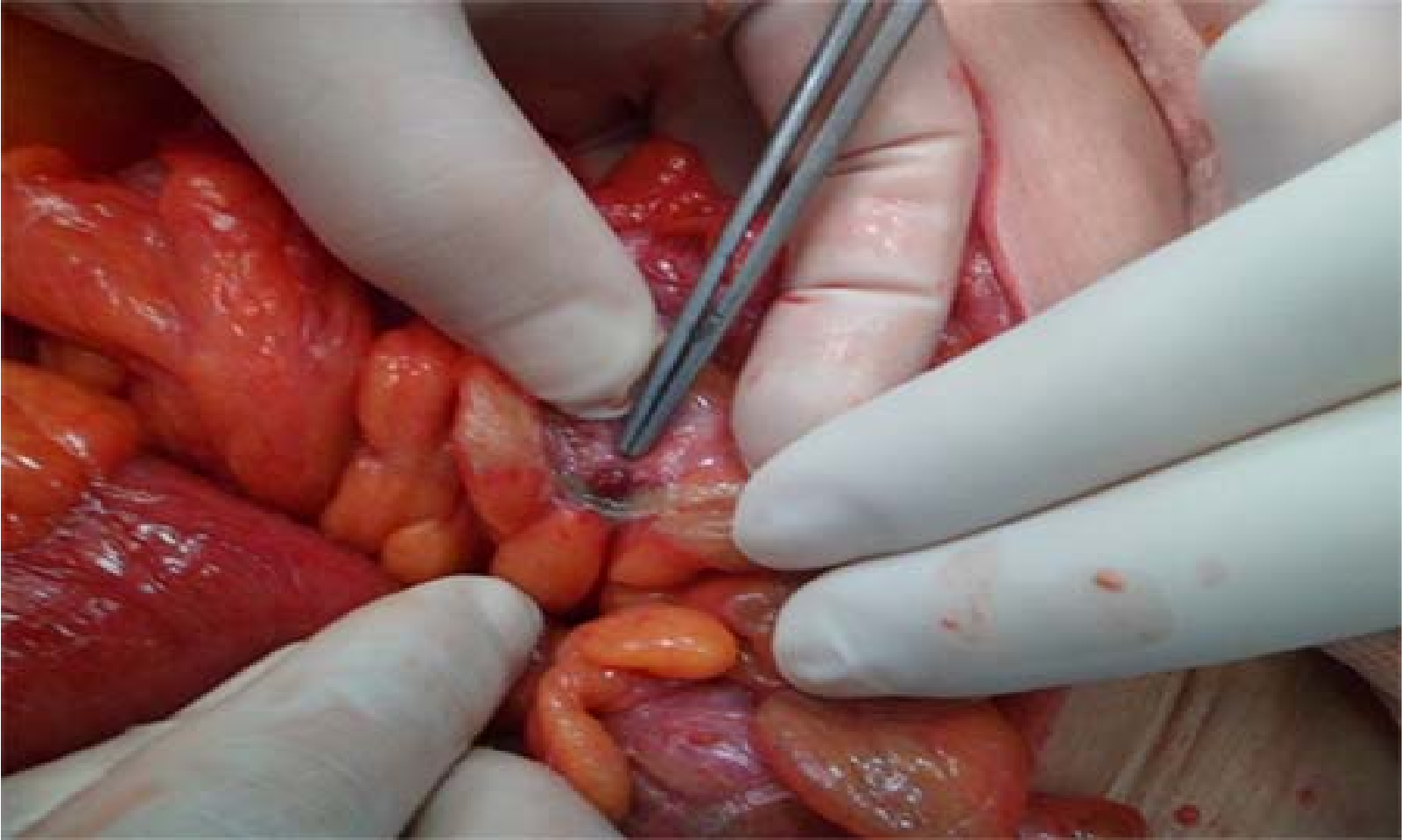


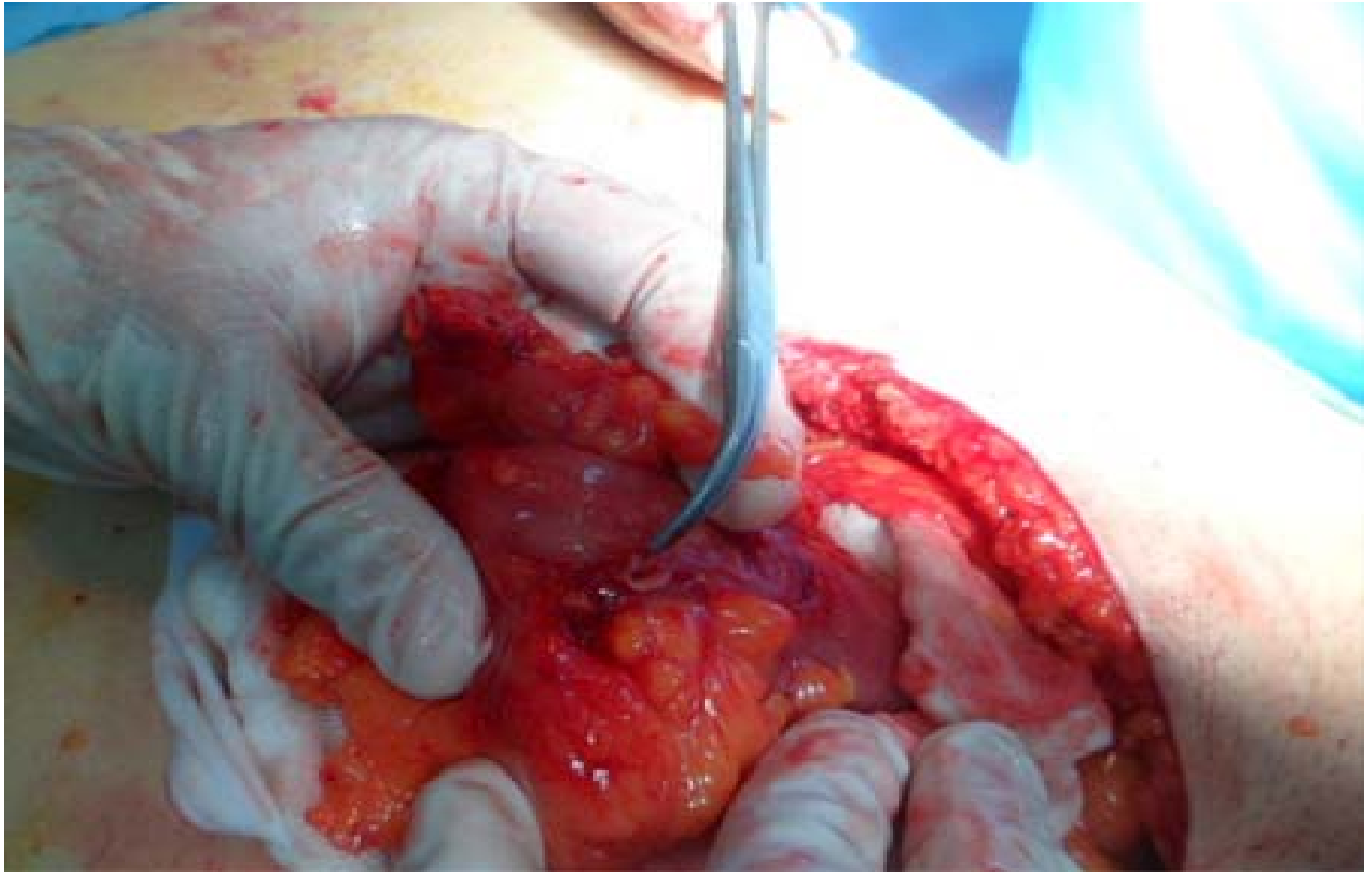


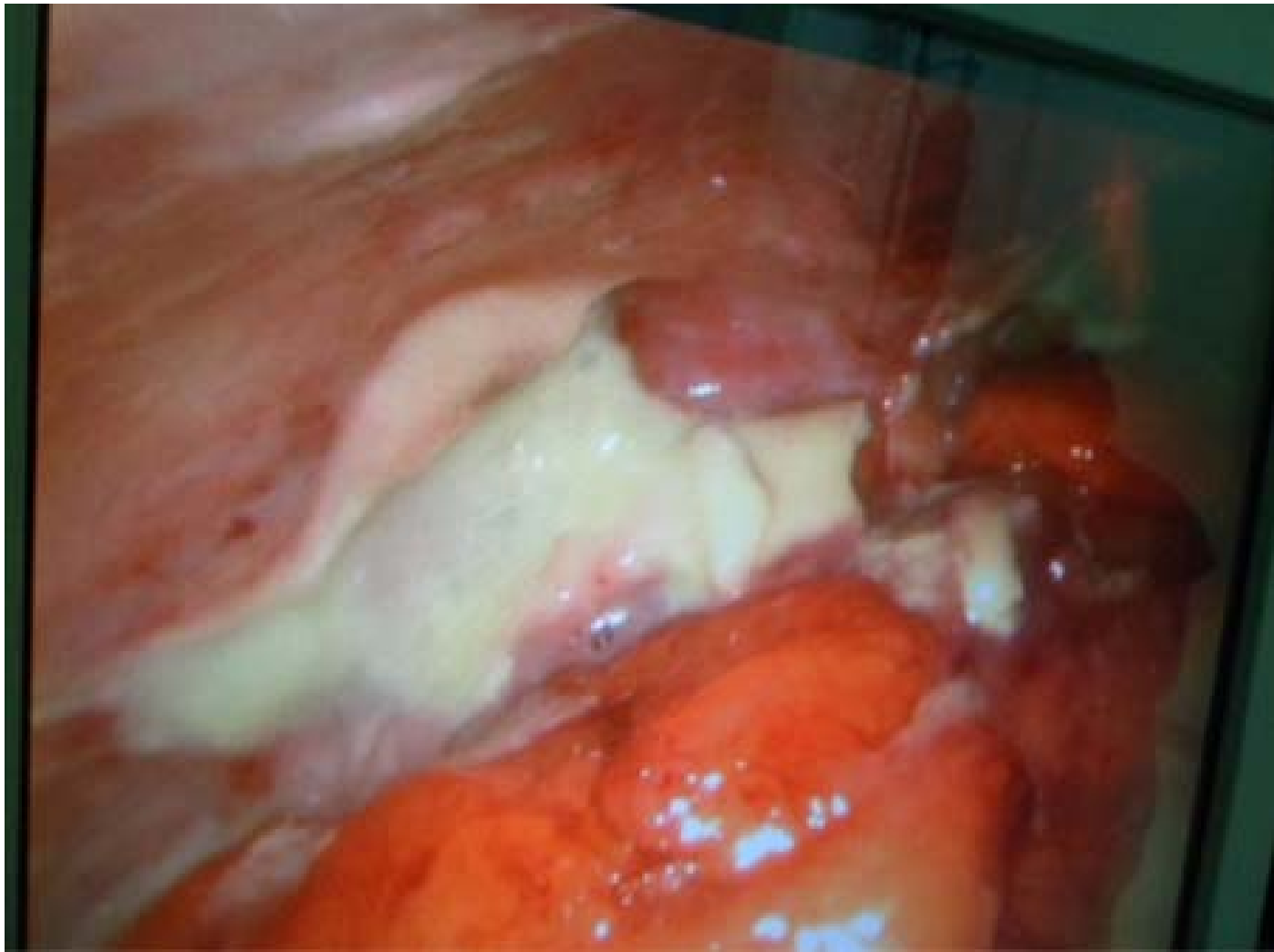




- Hinchey class 3
- Ambrossetti class severe









What is your choice for treatment

- Medical treatment (?)
- Surgery (?) - open or laparoscopic
- Peritoneal lavage (?)
- Other choices (?)

- Hinchey class 1: NPO- I.V fluid- Antibiotherapy
- Hinchey class 2: Antibiotics- Percutaneous drainage
- Hinchey class 3-4:surgery with or without diversion

Laparoscopic peritoneal lavage

