



A RARE CASE OF LARGE CECAL DIVERTICULUM

General Surgery

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ABSTRACT

Diverticulum of the cecum is a rare, benign, generally asymptomatic lesion that manifests itself only following inflammatory or hemorrhagic complications. The majorities of cecum diverticulitis are developed in the frontal surface of the colon and are usually asymptomatic. Indeed, it is almost always diagnosed during surgical intervention rather than preoperatively. Here I present a case of a 40 yr. male patient presented with abdominal fullness with discomfort since last 12 yr. CECT abdomen suggestive of gross dilatation of caecum with coffee bean or whirl loops sign suggest p/o caecal volvulus. So, we do exploratory laparotomy and incidentally found 35 cm. long caecal diverticulum. So, we do excision of that diverticulum with appendectomy and closure of caecal stump done.

KEYWORDS

INTRODUCTION

- Intestinal Diverticula are abnormal outpouching or sacs of the luminal wall that most commonly because of interaction of high intraluminal pressures, motility disorder, alteration in colonic structure and diets low in fibers
- It may be manifested as true or false diverticula.
- A true diverticulum contains all layers of intestinal wall and is usually congenital.
- False diverticula consist mucosa and submucosa protruding through a defect in the muscle coat and are usually acquired defects.
- Most commonly intestinal diverticulum present in jejunum, sigmoid and descending colon in order of occurrence
- Right side intestinal diverticulum are generally rare and are present in young age compare to those with sigmoid or other diverticulum.
- Diverticulum of the cecum is a very rare with reported incidence of 0.04% to 2.1%. It is generally asymptomatic lesion that manifests itself only following inflammatory or hemorrhagic complications. Most patients with inflammation of a solitary diverticulum of the cecum present with abdominal pain that is indistinguishable from acute appendicitis.
- Giant diverticulum defined as a diverticulum larger than 4cm.

CASE PRESENTATION

- A 40 yr. old male pt. presented in opd with chronic abdominal pain since last 12 yr., which was intermittent and colicky in nature with postprandial abdominal fullness with no complain of nausea, fever, vomiting, constipation.
- On general examination patients P-88/min, BP- 126/86mmhg, RR- 20/min. with no pallor, icterus, lymphadenopathy, clubbing or edema.
- On abdominal examination there was abdominal distention with mild tenderness present in RIF, umbilical and left hypochondrial region with continuous resonance sound in this region, without guarding or rigidity, no any scar mark, dilated vein and abdominal lump or mass
- Per rectal examination:- no ballooning, bleeding and mass.

INVESTIGATION

- Hb:-13, WBC:-17,000 and other blood investigation was within normal limits
- Pt. CXR was normal and AXR s/o dilated bowel loop present.
- Pt. USG s/o diffuse wall thickening of distal ilial loops with maximum wall thickness 7mm with few enlarged lymph nodes in periumbilical region. Gaseous distention of small and large bowel

loop.

- Pt. CECT s/o gross dilatation of caecum[extending from left peri splenic region to RIF] is noted with coffee bean or whirl loops sign suggest p/o caecal volvulus more likely

MANAGEMENT

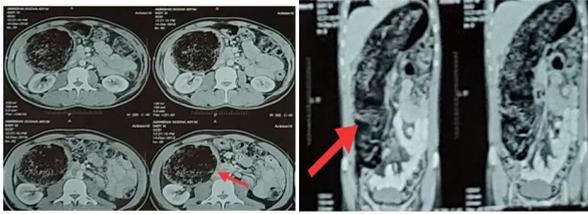
- After admission patient was treated with intravenous fluids, antibiotic and analgesic.
- After examination and radiological investigation patient was planned for emergency exploratory laparotomy.
- On exploration there was a grossly dilated bowel loops present. On further separation we founded a large caecal diverticulum size 35*10 cm long, extend from left side hypochondrial region to right RIF, non inflamed, no evidence of cecal volvulus. Along with it there was 10-12cm long and 6mm inflamed appendix also present. rest of bowel appear normal.
- So, we did caecal diverticulectomy with primary closure of caecum with appendectomy.
- Post operative recovery was uneventful.
- Pt. HPE s/o chronic inflammation as well as atrophic mucosa of cecal diverticulum.



(FIGURE 1.1)



(FIGURE 1.2)



(FIGURE 1.3)

DISCUSSION

- Cecal diverticulum is a rare clinical presentation.
- Right-sided colonic diverticulitis was first described in 1912 by Potier.
- Subsequently, more than 500 cases of cecal diverticulitis have been reported in the literature.
- Solitary diverticulum of the cecum is believed to be congenital in origin and appears in the 6th week of pregnancy .
- The majorities of them are developed in the frontal surface of the colon and are usually asymptomatic.
- In case of inflammation or perforation, the clinical symptoms and signs of the disease mimic acute appendicitis.
- Even during the operation sometimes the cecal diverticulitis is indistinguishable from acute appendicitis and carcinoma of the cecum .
- In particular, there is greater duration of abdominal pain with lack of systemic toxic signs and low incidence of nausea and vomiting.
- The preoperative diagnosis of disease is quite difficult without radiological imaging.
- If the diagnosis is established preoperatively, an expectant medical management is preferred. The conservative treatment approach with intravenous antibiotics and hydration can be applied in uncomplicated cecal diverticulitis.
- If the diagnosis is established intraoperatively, for nonperforated diverticulitis of the right colon, appendicectomy combined with postoperative intravenous antibiotics is a safe and effective method for the treatment of cecal diverticulum.
- In our case patient CECT abdomen s/o cecal volvulus and on examination there was abdominal distention with tenderness present so, we gone for emergency exploratory laparotomy and found a large cecal diverticulum so we did cecal diverticulectomy with primary closure of cecum with appendicectomy.