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Clinical Analysis of Right Colon Diverticulitis

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Purpose: There are several ways of treating for right colon diverticulitis, based on its complications or location. The kind of operation employed with cecal diverticulitis is still controversial, due to its similar symptoms to those of acute appendicitis, and is usually diagnosed during an appendectomy. This study is an analysis of 65 patients, which we experienced over the past 10 year, with right colon diverticulitis.

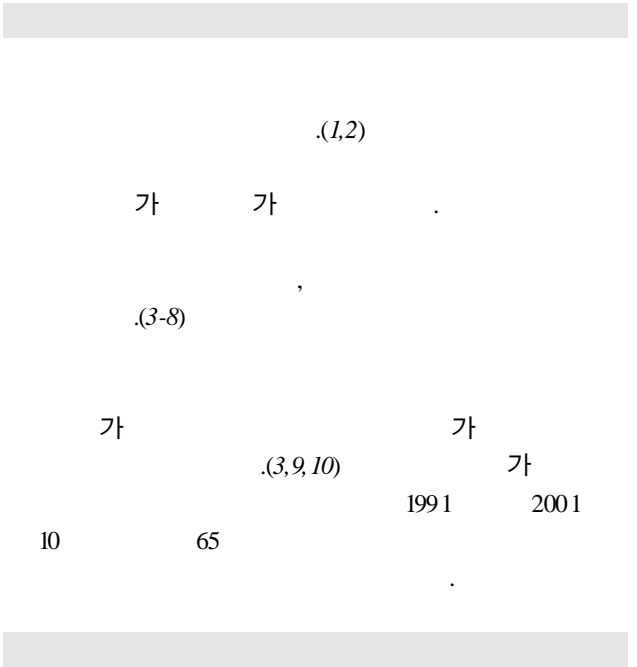
Methods: The hospital records of 65 patients with right colon diverticulitis, between January 1991 and January 2001, from the Catholic University School of Medicine, St. Paul's Hospital department of surgery were retrospectively reviewed. We analyzed the clinical data and outcomes, according to three different types of operation.

Results: The male to female ratio of the patients was 1.4 : 1, with a mean age of 36.8, ranging from 14 to 81 years. The most common manifestation was abdominal pain and tenderness (100%). Of the 65 cases, 53 underwent a diverticulectomy and an appendectomy, 5 a right hemicolectomy or an ileocectomy and 7 an appendectomy only. The most common location of the diverticulum was cecum (62 cases), and the majority were single diverticulum (62 cases). There were complications in 4 cases (6.1%) following the operation, but their symptoms were mild. The complication rates in the diverticulectomy and appendectomy and appendectomy only groups were 5.6 and 14.2% respectively. However, there were no significant differences in the complication rates among 3 groups. There was no recurrence in the group with a right hemicolectomy or ileocectomy, or in the group with a diverticulectomy and an appendectomy. The recurrences in the appendectomy only group were significantly higher

than the groups, with 3 (42.8%) out of 7 cases (P=0.001).
Conclusion: We suggest that an operation may be the primary safe treatment of right colon diverticulitis and that a diverticulectomy and an appendectomy may be reasonable operative methods that decrease the recurrence and morbidity of right colon diverticulitis. (J Korean Surg Soc 2003; 64:44-48)

Key Words: Right colon diverticulitis, Diverticulectomy and appendectomy, Recurrence

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DA (group with diverticulectomy and appendectomy), RI (group with right hemicolectomy or ileocectomy), AP (group with appendectomy only)

(81.5%) 가
 가 5 (7.7%),
 가 7 (10.8%) (Table 1).
 65 62 (95.4%)가
 가 6
 1
 가
 2 .53



1) , ,
 36.8 14 81
 가 38 , 가 27 14 1
 . 65 62 (95.4%)가
 2 (3.1%),
 가 1 (1.5%) . 가
 가
 34 (52.3%)
 23 (35.4%) 가 (> 10,000 mm³) 45
 (69.2%) 3 (4.6%)

가 39 ,
 가
 가 9 ,
 가 5 (Table 2).
 4) ,
 62 (95.4%) 가 ,
 2 , 가 1 .
 DA 53 가 .
 62 (95.4%)
 3 . DA 53 RI
 2 가 , AP 1 가 .

DA 53 1 가 17 가
 4 11 . RI 5 4
 가 4 , AP 7 4
 3
 가 50 (76.9%)

5) ,
 4 (6.1%)가 AP 1
 (14.3%), DA 3 (5.6%), RI

2)
 65 20 (30.8%)
 가 45 (69.2%) X
 20
 가 18 (90.0%)
 3 (1)
 (2) (2)
 (1)

65 63 (96.9%)

가 2 (3.1%)

3)

가 53

Table 1. Operation methods

Operation	Number (%)
Diverticulectomy and appendectomy	53 (72.6)
Appendectomy only	7 (9.6)
Ileocecal resection	3 (4.2)
Right hemicolectomy	2 (2.7)
Total	65

Table 2. Postoperative complication

Complication	DA (%)	RI (%)	AP (%)	Total (%)
Wound infection	2	0	0	2 (3.1)
Postoperative ileus	1	0	0	1 (1.5)
Intraabdominal abscess	0	0	1	1 (1.5)
Anastomosis leakage	0	0	0	0 (0.0)
Total	3 (5.5)	0 (0.0)	1 (14.3)	4 (6.1)

Table 3. Operation methods according to operative finding of cecal diverticulitis

	Diverticulectomy & appendectomy	Right hemicolectomy	Ileocectomy	Appendectomy only
Suppurative	—	—	—	6
Wall thickening	39	—	—	—
Abscess formation	5	—	—	—
Perforation	9	—	2	—
Tumor	—	1	—	—
Total (n=62)	53	1	2	6

Table 4. Results of operation

	DA	RI	AP	P
Mean Op. time (min)	95.4	141.0	62.1	
Mean hospital days	12.0	14.0	8.2	0.017*
Complication (%)	3 (5.6)	0 (0.0)	1 (14.3)	0.528†
Recurrent symptoms	0	0	3	0.001†
Mortality	0	0	0	

*ANOVA; † Chi-square test (likelihood ratio).

AP 1
가 3
(Table 3).
AP 62.1, DA 95.4, RI 141.0
AP 8.2, DA 12.0, RI 14.0
(P=0.017).
DA RI AP 7 3 (42.8%)
AP (P=0.001)

(Table 4).

1912 Potier(11)가
1968
(12) 4
(1,3-5)
가 , 90%
S
(13)
(1) Schuler Bayley(2)

가 15%
Sardi (14), Arrington Judd(9)
78%, 69.6%
가
가 가
가 가
(10) S
가 가 가
(7,15,23)
80%가
(16,23)
가
가 가 (4)
30 40
2 : 1 3 : 1
가
36.8 20 40 가
1.4 : 1
가
가 80%, 가 4%
(10) 63 (96.9%) 가
1 (1.5%) 가
Wagner Zollinger(10), Arrington
Judd(9)

가
 X
 30 40
 (7,8,17) Wagner Zollinger(10) 6가
 (10) (18)
 (19) 가 가 exte-
 20 18 (90.0%) riorization
 2 (10.0%) 가
 가 (> 10,000/mm²) 가
 (2-5,9) 45 (69.2%)
 가
 (2,6,9,17,24-26) Chung Kin(6) 22 21 가
 ,4 Gouge (24) 14
 ,3
 가 . Arrington Judd(9)
 33
 (3,22,23,25)
 가
 (3) 19 가
 . Asch Markowitz(17) 16
 7
 , 1
 , 5 Harada Whelan(23) 88
 29 ,
 49 , 10 , Schuler Bayley(2) 10
 가 8 2
 . Magness (7) 17
 3 Paul (21) 16 8 2
 가
 65 7 Kaufman (8)
 1 (14.3%) 가
 가 3 3 , 5 (7.7%)
 (42.8%) 가

(81.5%) 3 (5.6%) 53
 . 42
 가 26 ,
 3 (42.8%) 가

(P=0.001).

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