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Original Contributions: Benign Colorectal Disease

Outcomes of Percutaneous Drainage for Patients With Diverticular Abscess

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Financial Disclosure

Poster presentation at the American Society of Colon and Rectal Surgeons meeting, Phoenix, AZ, April 27 to May 1, 2013.

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Abstract

BACKGROUND:

Data on percutaneous drainage followed by observation for diverticular abscess is scant.

OBJECTIVE:

The aim of this study is to assess outcomes of percutaneous drainage alone in the management of peridiverticular abscess.

DESIGN:

This is a retrospective study from a prospectively collected database.

SETTING:

This study was conducted in a high-volume, specialized colorectal surgery unit.

PATIENTS:

All patients with a diverticular abscess of at least 3 cm in diameter, treated between 2001 and 2012, who had prohibitive comorbidities or refused surgery after percutaneous drainage were included.

MAIN OUTCOME MEASURES:

The primary outcome measured was the treatment of diverticular abscess with percutaneous drainage alone.

RESULTS:

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A total of 18 patients (11 surgery refusal, 7 comorbidity) were followed up until death, surgery for recurrent diverticulitis, or for a median of 90 (17–139) months. The median abscess size was 5 (3.8–10) cm, and the location was pelvic in 8 cases and intra-abdominal in 10. The mean duration of drainage was 20 ± 1.3 days, with the exception of 2 patients who only had aspiration of the abscess because of technical difficulty in drain placement. Three patients died of preexisting comorbidities between 2 and 8 months after percutaneous drainage. Seven of the surviving patients (7/15) experienced recurrent diverticulitis; 3 of these patients underwent surgery between cases of recurrence, one uncomplicated diverticulitis, and one long-term failure of percutaneous drainage. Seven of the surviving patients (7/15) experienced recurrent diverticulitis; 3 of these patients underwent surgery between cases of recurrence, one uncomplicated diverticulitis, and one long-term failure of percutaneous drainage. Seven of the surviving patients (7/15) experienced recurrent diverticulitis; 3 of these patients underwent surgery between cases of recurrence, one uncomplicated diverticulitis, and one long-term failure of percutaneous drainage.

LIMITATIONS:

This study was limited by its small sample size.

CONCLUSIONS:

Percutaneous drainage is a safe and effective treatment for a selected patient population with sigmoid diverticulitis. A more liberal use of percutaneous drainage may be indicated for a

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Of the remaining 413 patients had no recurrences between long-term follow-up episodes of

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