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Original Contributions: Benign Colorectal Disease

Outcomes of Percutaneous Drainage for Patients With Diverticular Abscess

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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.

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Key Words

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RESULTS:

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 had percutaneous drainage. Seven of the 18 patients underwent surgery between cases of recurrence, one had an uncomplicated diverticulitis, and one had a long-term failure of percutaneous drainage for diverticulitis ($p = 0.9$).

LIMITATIONS:

This study was limited by its small sample size.

CONCLUSIONS:

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

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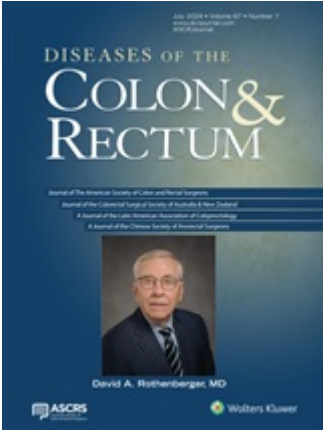
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