

Outcomes of Percutaneous Drainage Without Surgery for Patients With Diverticular Abscesses, Diseases of the Colon & Rectum

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Original Contribution

Outcomes of Percutaneous Drainage Without Surgery for Patients With Diverticular Abscesses, Diseases of the Colon & Rectum

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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 diagnosis of sigmoid diverticular abscess between 2001 and 2012, who had previously failed percutaneous drainage were included.

MAIN OUTCOMES:

The primary outcome was the need for surgery. The primary outcome was the need for surgery.

RESULTS:

A total of 18 patients were included in the study. For recurrent diverticular abscesses, the mean abscess size was 5 (3.8–10) cm, and the mean duration of drainage was 12 (3–24) days. The primary outcome was the need for surgery. Of the 18 patients, 13 (72%) underwent surgery, and 5 (28%) were managed with percutaneous drainage alone. There were no significant differences in the location of the abscess or the duration of drainage between the two groups.

LIMITATIONS:

This study was limited because of its retrospective nature, its nonrandomized design, and its small sample size.

CONCLUSIONS:

Percutaneous drainage alone was successful in avoiding surgery in the majority of this selected patient population with sigmoid diverticular abscess. Future studies should assess the appropriate indications for a more liberal use of percutaneous drainage not followed by elective surgery.

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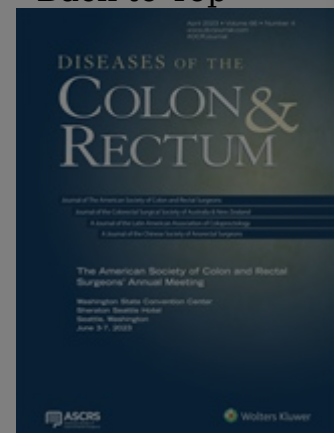
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