

CLINICAL IMAGE

Giant diverticulum- A rare complication of a common surgical condition

Vanessa Cubas¹, Stephen T. Ward² & Jan Dmitrewski¹

¹Queen Elizabeth Hospital, Mindelsohn Way, Birmingham, B15 2TH, UK

²National Institute for Health Research (NIHR) Birmingham Liver Biomedical Research Unit (BRU), University of Birmingham, Vincent Drive, Birmingham, B15 2TT, UK

Correspondence

Vanessa Cubas, Queen Elizabeth Hospital, Mindelsohn Way, Birmingham, B15 2TH.
Tel: 07729456671;
Email: vanessacubas@nhs.net

Funding Information

This article has been funded by MRC (Medical Research Council).

Received: 11 August 2015; Revised: 5 November 2015; Accepted: 11 February 2016

Clinical Case Reports 2016; 4(5): 531–532

doi: 10.1002/ccr3.534

Introduction

What is this condition?

Giant colonic diverticulum

A 65-year-old gentleman presented with abdominal distension and pain. CT confirmed a 20 cm sigmoid diver-

Key Clinical Message

A gentleman presented with abdominal distension and pain. CT confirmed a 20 cm sigmoid diverticulum. A giant diverticulum, typified by diverticula greater than 4 cm, often requires colonic resection. Fewer than 200 cases have been reported, most measuring 7–15 cm. I present a rare complication of a common surgical condition with images.

Keywords

Diverticular disease, general surgery, giant diverticulum, sigmoid diverticulum.

ticulum (Fig. 1). Although he was clinically well a sigmoidectomy was performed due to the risk of perforation (Fig. 2). The patient was discharged 3 days later.

Giant diverticulum, typified by diverticula greater than 4 cm, is a rare manifestation of diverticular disease of the colon. It affects the sigmoid in 90% of cases [1]. Since it



Figure 1. CT showing a 20.3 cm sigmoid mass in keeping with giant diverticulum.

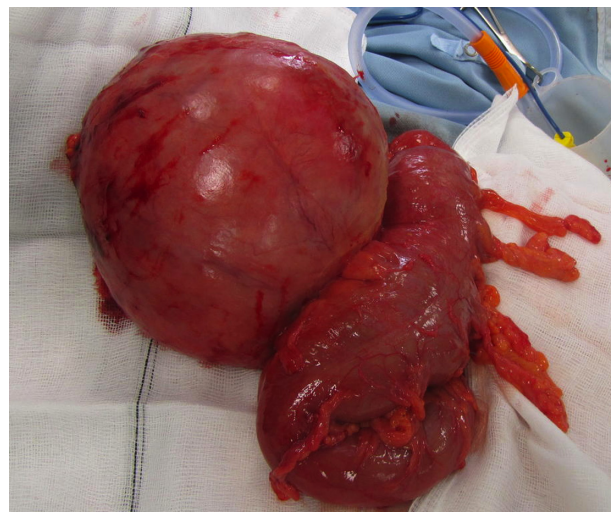


Figure 2. Specimen following sigmoidectomy.

was first described by Hughes and Green in 1953, there have been fewer than 200 cases reported with most measuring between 7 and 15 cm. Although etiology is not clearly understood, it is believed that a one-way valve is created at the communication between the colon and the sac leading to air entrapment and a gradual distension of the sac [2]. Treatment usually entails surgery: colonic resection with a primary anastomosis.

Conflict of Interest

None declared.

References

1. Grover, H., S. Nair, and H. Hertan. 1998. Giant true diverticulum of sigmoid colon. *Am. J. Gastroenterol.* 93:2267–2268.
2. Naber, A., A. M. Sliutz, and H. Freitas. 1995. Giant diverticulum of the sigmoid colon. *Int. J. Colorectal Dis.* 10:169–172.