Cecal Diverticulitis: An Unusual Endoscopic Finding

Dept. of Gastroenterology, Costa del Sol Hospital, Marbella, Spain

Corresponding Author

F. J. Fernández-Pérez, M. D.
Dept. of Gastroenterology
Costa del Sol Hospital
Ctra. Nacional 340, Km 187
Marbella 29600, Malaga
Spain
Fax: +34-952-823219
E-mail: ffernandezp@meditex.es

Figure 1 Colonoscopy must be avoided whenever colonic diverticulitis is suspected. However, some patients are diagnosed endoscopically, most of them with left-sided diverticulitis. A 74 year-old woman presented with lower right abdominal pain. Her physical examination did not show any evidence of an abdominal mass or any peritoneal signs. Complementary studies showed a neutrophil count of 10,950/ml and cecal wall thickening, with distortion of the surrounding fatty tissue on abdominal computed tomography, suggesting a colonic tumor.

Figure 2 Colonoscopy revealed fecal impaction inside a diverticular orifice close to the appendix, with severe mucosal inflammation surrounding it. There was no evidence of neoplasm. Diverticulectomy and appendectomy were carried out, with no postoperative complications: clinical practice, right-sided colonic diverticulitis is a rare finding, and a colonoscopic diagnosis is exceptional.