

INTRODUCTION

- Diverticulitis occurs when there is inflammation and microperforation to the outpouching of colonic mucosa and submucosa.
- One of the most common complications of diverticulitis is an abscess and computed tomography of the abdomen and pelvis is the imaging of choice for diagnosis.
- Statistically the sensitivity, specificity, positive and negative predictive values are greater than 95%.
- In certain situations, CT with a complex clinical history can skew one's perception in diagnosing that could potentially lead to a delay in treatment.

CASE

- A 58-year-old African American male who presented to the ED with 3 weeks of abdominal pain, bloating, constipation, and 12 lb. weight loss.
- A colonoscopy 3 months prior had shown a 10 mm cecal polyp and diverticulosis of the ascending and sigmoid colon.
- Labs were significant for anemia of 11.2 g/dL.
- CT abdomen and pelvis showed a 4.9 x 3.9 cm peripherally enhancing hypodense exophytic mass at the splenic flexure (Figure A).
- A colonoscopy was pursued revealing a congested erythematous mucosa in the sigmoid colon near a diverticulum with spontaneous drainage of pus (Figure B).

- Sigmoid biopsies showed focal cryptitis
- Patient was started on antibiotics and 2 days later a repeat CT of the abdomen demonstrated interval resolution of the collection with residual inflammation (Figure C).
- He was discharged with 10 days of antibiotics and was seen by his primary care provider for a follow up where he admitted to resolution of his symptoms.

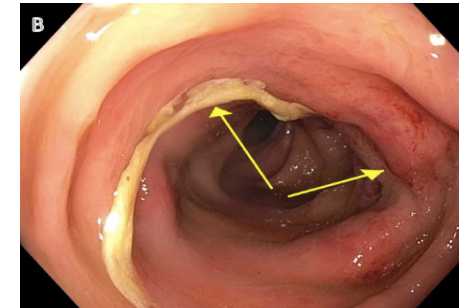
DISCUSSION

- In this case a diverticular abscess which was initially thought to be a colon mass delayed appropriate treatment with antibiotics and possibly drainage.
- This highlights the importance of keeping a broad differential even in those with imaging and symptoms suggestive of malignancy.
- Complicated diverticulitis with abscess formation occurs in 16-40% of patients who present with sigmoid diverticulitis.
- In some rare cases abscess formation has also been associated with colon cancer in up to 0.3 to 0.4% of patients that can lead to even more diagnostic challenges.
- In these situations, reviewing the images with your radiologist might be helpful to further strengthen your diagnosis and to possibly avoid colonoscopy that can have an increased risk of perforation in acute diverticulitis

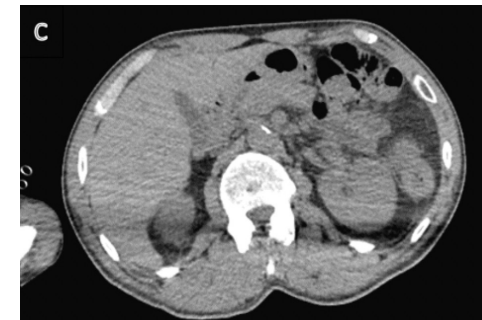
IMAGING



A: Coronal view of splenic flexure exophytic mass



B: Sigmoid area with congestion, erythema and drainage of pus.



C: Transverse view of residual splenic flexure mass