Acute Diverticulitis and Subsequent Colonoscopy: Instigating an Old Discussion

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Dear Editors,

Diverticulosis of the colon is the most common anatomical colonic alteration, being found in more than 40% of all colonoscopies and in more than 70% of patients older than 80 years of age [1]. While colonic diverticulosis will remain asymptomatic in a majority of people, about 20% will have clinical manifestations, with acute diverticulitis being the most frequent complication of diverticulosis [2]. The issue of performing a colonoscopy after an episode of acute diverticulitis remains controversial and, according to the recently published American Gastroenterology Association guidelines on the *Management of Acute Diverticulitis*, the quantification of the yield, risks and timing of colonoscopy after an episode of acute diverticulitis should be a research priority [3]. It was with great interest that we read the paper from Andrade et al. [4] entitled “Routine colonoscopy after uncomplicated acute diverticulitis – challenging a putative indication,” in which the authors conclude that as the prevalence of advanced colonic neoplasia found on colonoscopy in patients with uncomplicated diverticulitis is quite similar to the average-risk population, an episode of CT-diagnosed uncomplicated diverticulitis does not seem to be a recommendation for colonoscopy.

Pertinently, we performed a recent retrospective single-center study to assess the impact of colonoscopy after acute diverticulitis [5]. From the 632 patients with known colonic diverticulosis evaluated in our study, 246 had at least one hospital admission because of CT-diagnosed acute diverticulitis: 129 were men (52.4%), and the mean age was 61 ± 15 . While a great majority of patients had uncomplicated disease, 35 patients (14.2%) had associated complications: 20 had colonic perforation, 12 had intra-abdominal abscess, and 3 had colonic fistulae. No cases of bowel obstruction due to acute diverticulitis were found. Colonoscopy was performed in 187 patients (76.0%): 25 patients had a colonoscopy before the acute event (mean of 12 months before, range 1–41 months), whereas 162 patients were scoped after the hospitalization (mean of 8 months after, range 1–44 months). There was no temporal relationship between previous colonoscopy and acute diverticulitis. Regarding endoscopic findings, diverticulosis was confirmed in 154 patients (82.4%), inflammatory changes of the colonic mucosa were present in 16 (6.4%), while bowel rigidity was described in 6 (3.2%). Polyps were present in 61 (32.6%) patients (50 adenomas with low-grade dysplasia, 9 hyper-

plastic polyps, 1 adenoma with high-grade dysplasia, and 1 fibroepithelial polyp). From the patients scoped after the acute episode, 4 patients (2.5%) had colorectal cancer (CRC) and any of them had a previous colonoscopy. Curiously, all patients in whom CRC was diagnosed had uncomplicated disease, which is the opposite of what was found in other studies in which the risk of advanced neoplasia was higher only in those with complicated disease [4, 6, 7]. In our study, no immediate or late complications related to the colonoscopy were reported.

In conclusion, we found a relative low prevalence of CRC in patients submitted to colonoscopy after an episode of acute diverticulitis, which is similar to what have been described by Andrade et al. [4]. However, we found that the prevalence of precursor lesions such as adenomas is considerably large among patients with acute diverticulitis. Thus, and as there were no procedure-related complications, we suggest that colonoscopy should be performed in all patients after an episode of acute diverticulitis to exclude not only colon cancer but also precursor lesions, especially, when a previous examination has not been performed.

References

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