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Correspondence

Laparoscopic resection of giant pseudodiverticulum – video vignette

Dear Sir,

Giant colonic diverticula are rare with less than 200 reported cases. 90% occur in the sigmoid colon and by definition they are greater than 4 cm in diameter. The majority are associated with concomitant diverticulosis [1]. Giant colonic diverticula are subdivided into 3 groups: Type 1, pulsion diverticula which enlarge gradually with remnants of muscularis mucosa; Type 2, secondary to subserosal perforation, leading to a walled off abscess cavity communicating with the lumen; and Type 3, true diverticula containing all layers of the bowel, likely congenital in origin. Giant diverticula have a 35% complication rate including haemorrhage and perforation and a 2% risk of adenocarcinoma. Elective resection is the preferred treatment in fit patients [2,3].

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We present the case of a 76-year-old gentleman with abdominal pain, anaemia and haematochezia. A large cavity was detected off the sigmoid colon in an area with marked diverticulosis at colonoscopy. CT showed a 9 cm pseudodiverticulum adherent to the retroperitoneum overlying the inferior mesenteric artery (IMA). The patient elected to undergo a laparoscopic-assisted resection.

Initial laparoscopic dissection began at the inferior mesenteric vein with a medial to lateral approach, mobilising the splenic flexure. The location of the pseudodiverticulum mandated lateral to medial mobilisation of the sigmoid colon and then fenestration posterior to the proximal rectum in the total mesorectal excision plane. Division of the rectum facilitated open ligation of the IMA and resection of the lesion via an 8 cm infraumbilical incision. Laparoscopic anastomosis restored intestinal continuity. The patient made a full recovery with resolution of symptoms.

Supporting information: video

References

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