



# REVISTA DE GASTROENTEROLOGÍA DE MÉXICO

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## CLINICAL IMAGE IN GASTROENTEROLOGY

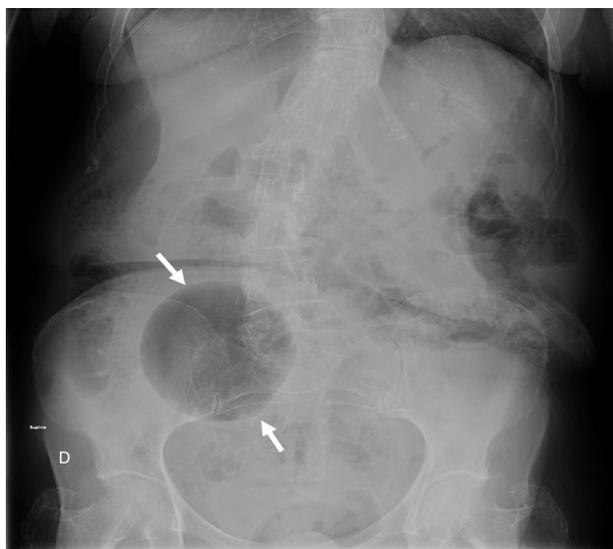
### Diverticulitis with a giant colonic diverticulum<sup>☆</sup>

### Diverticulitis de divertículo gigante de colon

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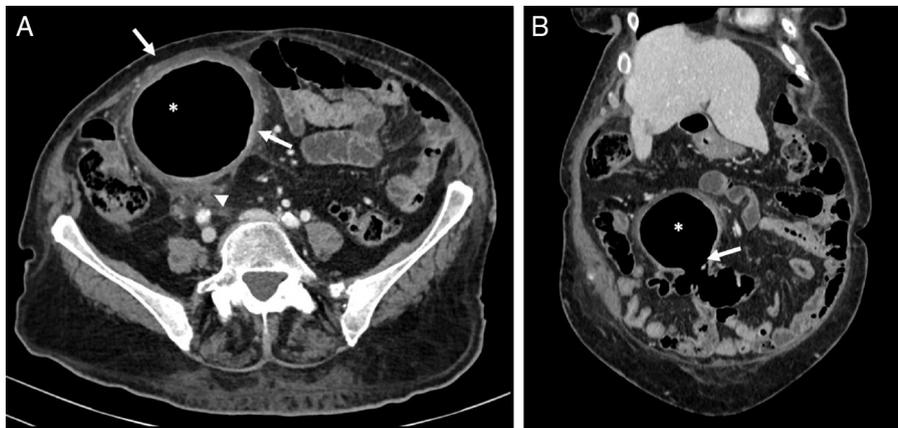
**Figure 1** Plain abdominal x-ray identifying a localized, rounded, radiolucent structure in the RIF (arrows).

An 83-year-old woman came to the emergency service complaining of abdominal pain in the right iliac fossa (RIF) of 48-h progression. Abdominal x-ray identified a rounded, radiolucent structure in the RIF (fig. 1). A computed tomography (CT) scan showed that the structure communicated with the sigmoid colon, corresponding to a 9-cm diverticulum with signs of inflammation (fig. 2). Treatment consisted of initial antibiotic therapy, followed by sigmoidectomy with exeresis of the diverticulum. A giant diverticulum is that which is larger than 4 cm. It is a rare manifestation of diverticular disease, whose cause is unclear. A unidirectional valve is thought to be created between the colon and the diverticulum in which air is trapped, resulting in the gradual distension of the diverticulum. Clinical presentation ranges from an asymptomatic abdominal mass to acute abdomen, and pain is the most frequent symptom. A giant diverticulum can present with complications of perforation, inflammation, bleeding, and neoplastic degeneration. CT is the most accurate study for demonstrating the communication of the diverticulum with the colon and the possible complications.

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**Figure 2** A) Axial view of the abdominal CT scan. A cystic lesion is seen in the RIF (\*), with thickened walls (arrows) and inflammatory changes in the surrounding fat (arrowhead). B) Coronal reconstruction of the abdominal CT scan. The communication of that structure (\*) with the sigmoid colon (arrow) is confirmed, corresponding to an inflamed giant diverticulum of the sigmoid colon.

### Ethical disclosures

**Protection of human and animal subjects.** The authors declare that the procedures followed were in accordance with the regulations of the relevant clinical research ethics committee and with those of the Code of Ethics of the World Medical Association (Declaration of Helsinki).

**Confidentiality of data.** The authors declare that they have followed the protocols of their work center on the publication of patient data.

**Right to privacy and informed consent.** The authors have obtained the written informed consent of the patients or subjects mentioned in the article. The corresponding author is in possession of this document.

### Financial disclosure

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### Conflict of interest

The authors declare that there is no conflict of interest.