

Does CT Imaging Change the Clinical Management in Patients with Suspected Acute Colonic Diverticulitis?

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Dear Editor,

With great passion, I have read the article “Use of CT Imaging in Acute Diverticulitis” by Anton Mare (1). It is very interesting to see that the author had concluded in his Retrospective Study that “There is an overuse of CT in the investigation of acute diverticulitis with limited change in clinical management”.

Well, first of all, I would like to explain that according to the Clinical Practice Guideline developed by American Society of Colon and Rectal Surgeons (ASCRS), regarding the treatment of sigmoid diverticulitis, they recommend that CT scan of the abdomen and pelvis is the most appropriate initial imaging modality in the assessment of suspected diverticulitis and the Grade of Recommendation was Strong recommendation based on Randomized Clinical Trials (RCTs) or exceptionally strong evidence from observational studies (2). And we should clarify that multislice CT imaging with intravenous and luminal contrast has excellent sensitivity and specificity, 98% and 99% respectively (3, 4).

In addition, the author had addressed in the method section of the article that CT scan for diverticulitis were ordered according to suggested Flinders Medical Center protocol for acute diverticulitis which states that “all patients should undergo a CT scan of the abdomen if there is no improvement in their clinical status following 72 hours of IV antibiotics and bowel rest”, but out of 79 patients, only 10 (21.7%) CT scans were requested according to the protocol and of those, 5 (50%) revealed complicated diverticulitis.

Therefore, when 50% of patients with suspected diverticulitis were discovered by CT scan to be with complicated ones, so, it is worthy for every acute diverticulitis patient to be submitted to CT scan to confirm the suspected diagnosis of acute left-colonic diverticulitis and to objectively grade its severity into moderate diverticulitis (no signs of colonic perforation) and severe diverticulitis (signs of colonic perforation) (5).

CT scan not only detects the presence of an abscess and guides percutaneous drainage of these abscesses, but also it may guide subsequent surgical treatment based upon a modification of the Hinchey classification (6).

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