Case 2728

Diverticulum of the cecum
Published on 29.02.2004

DOI: 10.1594/EURORAD/CASE.2728
ISSN: 1563-4086
Section: Abdominal imaging
Case Type: Clinical Cases
Authors: Kapanadze I, Kintcurashvili G, Kvatadze M, Chankvetadze L, Tcilosani M.
Patient: 33 years, male

Clinical History:
Acute appendicitis

Imaging Findings:
The patient was admitted to the surgical department due to right lower quadrant pain of 3 days duration. White blood cell count was 10.2X10^9/L. Physical examination revealed tenderness in the left lower quadrant. Surgery for acute appendicitis was performed. During the operation the diagnosis of acute phlegmonous appendicitis was confirmed, and, laterally to appendix a 5cm size tumourous formation was revealed.
Histological diagnosis was of perityphlitis.
15 days after operation contrast enema was performed, which revealed a 6 x 7 mm contrast shadow on the front side of the caecum. Ultrasonography did not reveal any changes.

Discussion:
True diverticulum containing the three layers of the bowel wall: mucosa, submucosa and muscularis mucosa and arising in the cecum or the ascending colon. The acquired type of diverticulum of the ascending colon and the caecum is less common than that of the left colon. It is discussed under diverticular disease, diverticulosis and diverticulitis of the colon. The true diverticula of the ascending colon are mostly solitary and may contain a faecalith. Complications such as inflammation and perforation with peridiverticulitis are not uncommon. The inflamed diverticula is difficult to distinguish preoperatively from that of appendicitis and may be difficult to distinguish intraoperatively from carcinoma of the caecum. The diagnosis at operation in some cases is difficult because the inflammatory reaction may simulate a malignant process.
Radiological imaging is important to distinguish this condition from acute appendicitis, which may cause similar clinical symptoms. The inflammatory changes are best visible on CT as increased attenuation in the mesenteric lipomatous tissue, adjacent to the colon due to strand-like linear structures and/or the presence of extraluminal air. Contrast enemas with water soluble contrast medium can be used to visualize the diverticulum and sometimes the extravasation at the site of the perforation.

Differential Diagnosis List: Acute appendicitis, Diverticulum of the caecum

Final Diagnosis: Acute appendicitis, Diverticulum of the caecum

References:
Polverosi R, Vigo M, Gangeri G.
Giant diverticulum of the cecum and diverticulitis.
Mandarano R, Ciccone A, Sereni P, Venturini N.
Acute diverticulitis of the cecum.
Zarabi CM, Kutom AH.
Solitary cecal diverticulum.
**Figure 1**

**a**

*Description:* 6 X 7 mm contrast shadow on the front side of the caecum. *Origin:*

**b**

*Description:* 6 X 7 mm contrast shadow on the front side of the caecum. *Origin:*