History

*Complicated Diverticulitis – Phlegmon, Abscess, Perforation:* Persistent localized inflammation after diverticular rupture results in a phlegmon, a thickened, firm segment of bowel wall, which may ultimately manifest as acute or subacute large bowel obstruction. If left untreated, a phlegmon may acquire a mass appearance which may be difficult to distinguish from a neoplasm. Abscess is the most common complication of diverticulitis and its presence is usually signaled by high-grade fever with chills and fatigue, in addition to the previously mentioned symptoms of acute diverticulitis. An abscess may be small and localized to the pericolic tissues or it may be large and extend into the pelvis, or even the retroperitoneal tissues. Perforation of an abscess is a rare but very dangerous complication leading to a generalized peritonitis, or purulent peritonitis. If there is spillage from a perforated diverticulum, the development of fecal peritonitis, which carries a mortality rate around 40%, is often inevitable.

*Complications – Fistulas:* The most common types of fistulas associated with diverticular disease are colovesical fistulas (65 percent) and colovaginal fistulas (25 percent). As colovesical fistulas tend to have a slight predominance in men, it is believed that the uterus provides some protection to the bladder. This is supported by the fact that colovaginal fistulas are more common in women with hysterectomies. Patients with this complication complain of passing stool and/or gas through the involved organ, therefore symptoms consist of pneumaturia, dysuria, and fecaluria. Other symptoms may include crampy abdominal pain, diarrhea, hematuria, and passage of urine per rectum.

References: