Predictors of acute diverticulitis
Factores pronósticos en la diverticulitis aguda

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To the editors
We read with interest the work presented by Dr. García-Gómez et al.1, where the prognostic value of the presence of pericolic free air bubbles detected by computed tomography in acute diverticulitis (AD) is analyzed. We know that the management of AD is controversial, and although their results are quite interesting, we find it relevant to make the following comments:

– Patient follow–up time, surgical re–intervention rate and detailed description of complications are not specified, which we consider important when investigating the prognostic value of a factor in AD.
– In the discussion section, the authors refer to white blood cell values and to the relationship with conservative management success as relevant data; however, their function as predictive factors is not entirely clear. In contrast, there are scores with prognostic significance for DA with peritonitis, such as APACHE II, the Mannheim index, the left colonic Peritonitis Severity Score (PSS) and the Cleveland Clinic Diverticular Disease Propensity Score (DDPS), and even some markers such as C–reactive protein, which are more specific than white blood cell count as a predictor in AD²–⁴.

The authors conclude that the presence of pericolic free air bubbles in patients with AD can be considered of prognostic value, which meets the purpose of their study. Multiple factors have been described to be closely related to morbidity and mortality in patients with AD, including ASA surgical risk (American Society of Anesthesiologists physical status classification), evolution time, immune compromise, use of non-steroidal anti-inflammatory drugs, indication and type of surgery, and the degree of contamination of the procedure, among others, which would allow identifying the risk of the study population and knowing the influence on hospital length of stay, tolerance to the oral route and other study variables⁵.

Finally, we would like to congratulate the authors for the authenticity and the results of their study, hoping that the comments made will be useful in the future in order to validate the usefulness of this tomographic finding in patients with acute colonic diverticulitis.

Conflicts of interest
The authors declare not having any conflicts of interest.

Funding
Funding was provided by the authors.

References